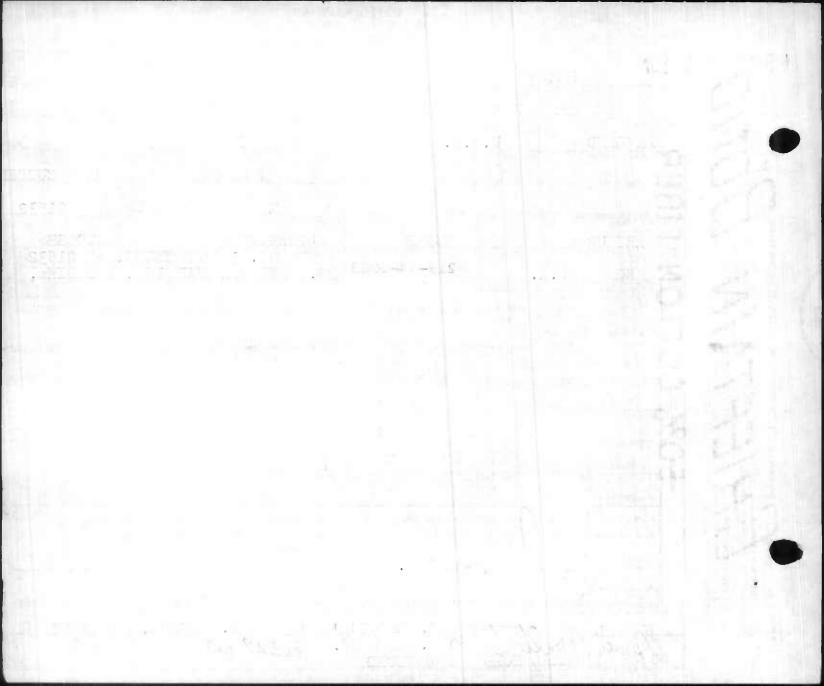
Assimption of the state of the

		1,	FOR STATE				DEP	ARTM			ARYLA I AND M	ND VENTAL F	IYGIEN	ξ		0		, ,	
		1	REGISTRAR			M			AMIN	ER'S	CERTIFI	CATEC	OF DEA		REG. NO	oU	3	Ú Ú	4
145	696 MAR	DE	CEASED NAME		FIRST		MID	DIE			LAST			20. DATE I	ESTI-	MONT	H DAY	YEAR	26 HOUR
	DR. CES. CES. CES. CES. CES. CES. CES. CES			M.	illian	1				Bake				DEATH	MATED [	2	25	1987	M
	PLEASE ECTOR. ? FILES. HOURS STREET,	3 SE	(	4 RACE	5	DATE OF BIRT			AGE (IN YE		DER I YR.	IF UNDER		20. DATE	CED	MONTH	DAY	YEAR	2d HOUR
	ON 200		ale	_	Cau	7 15	35			RS.				DEAD		2	25	1987	0125
	NECESSARY, PLEASE ONERAL DIRECTOR YOUR FILES. WITHIN 72 HOURS WITHIN 72 HOURS OF PRESTON STREET,	FC	RTHPLACE (ST PREIGN COUNTRY) MARYLA	ND			S.A			WIDOW	/ED 🗆	EVER MARR DIVORC	ED K	9. BALTIMO	legany	/			MD
3	PAGE PAGE IS	F	ros tber	g		Rt 1 BC	X 2	GIVE STREE	ET ADDRESS)		ier institu	UTION	FOR A	NOST OF WORK	ING LIFE)	PE OF WORK	0	RINDUSTR	SINESS LY UTTI
21201	ANY D AND 3 AND 3	13a S	AL RESIDENCE TATE ry]and		Alle		1130	CITY OF		ON)	13d INSIDE	CITY LIMITS?	13e STR	EET ADDRES	ss Box	289		21	532
RE, MD.	PAN 3.	14. F.	ATHER'S NAME FIRST ARTH	UR		MIDDLE		BAK				ER'S MAIDI FIRST		MI	DDLE		BU	LAST GOSH	
ALTIMO	URS AFTER DEATH. IF ANY DELAY IS NECESSAR. B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL IS WITH FORM PM. 3, RETAIN PAGE 5-FOR YOU T. PAGES 1 AND 3 HOUND BETWEEN WITHIN DIVISION OF WHAT REPORDS SON W. PRESTON	160 \	WAS DECEASED ES, NO, OR UNKNO NO	EVER IN	U.S. ARME IF YES, GIVE WA	D FORCES? R OR DATES)			SECURIT		MRS.	MANT R		FROM BL	OSTBI UBAU(		, MI	215	32
DIVISION OF VITAL RECORDS, 201 W. PRESTONST. BALTIMORE, MD.	WITHIN 24 HO SNCIL IN ITEM 1 AINER ALONG TRANSIT PERMI NTAL HYGIENE, OR REMOVAL.	Service (	Condition gave ris couse (o) lying cou	ATH WA:	S CAUSED & MMEDIATE  y, which mmediate	DUE TO, (b)	Car OR AS A ACU	diac A CONSE I te C	arre QUENCE CONGE!	of <b>tive</b> of		rt fai	1187					PPROXIMATE WEEN ONSET SUDD	AND DEATH
DS, 201	EXECUTED NG" IN PRICAL EXAM BURIAL - H AND MEI	E			CONDITIONS CO	(c)						ON GIVEN IN PA							
8	MEDIC MEDIC MEDIC D AS A HEALTH	NO	Diabe		Rheur	natic m	itra	al va	alvul	itis,	repa	aired							
/ITAL RE	SHOULD ORD "PE CHIEF A E USED A	CERTIFICATION	19a DATE OF	80		Rheu	mati	ic va	alvul	atis (	Mitra	RMED? al val	ve r	eplac	ement	)		AUTOPSY?	NO X
ONOF	FHCATE THE W THE W RTMEN		210 EXTERNA UNDERLYING	OF	R			URY DNTH D	AY YEAR	21c. H	OW INJUR	Y OCCURRE	D (ENTER )	NATURE OF INJU	JRY IN ITEM 18	PART 1 OR	PART 2)		
DIVISI	AAA BES	MEDICAL	21d INJURY C WHILE AT WORK	NOT W AT WO	HILE	21e PLAC STREET, F		JURY ( FARM, ETC )			CATION			CITY OR TOW	<b>/N</b>	(	COUNTY		STATE
•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PARTER, DEATH, WITH THE STABLE BALTIMORE, MARYLAND, 21	23a. B		that I to	Natural Paul	Snow.	Acc M. D.	23c. NA/	, Su	METERY O	, Hom TITLE (  ADDRESS R CREMAT	SPECIFY) [ Memori	Undete	OSD.	INER	cc	E 2/ NED 2/	STA	)2 ATE
07/84 25M	DHMH · 17 (VR A15 ME (5))	FA.E	O RS	FUI	VERAT	2/27/8 XVL JODRI HOME	ESS 60	ST. W.	PAT MAI STBU	N S		FEB	MT 9507 BY	REGISTRAF 1987	VAGE PAGE REG	DEA2		ANY	MD



2. U. 40007

40

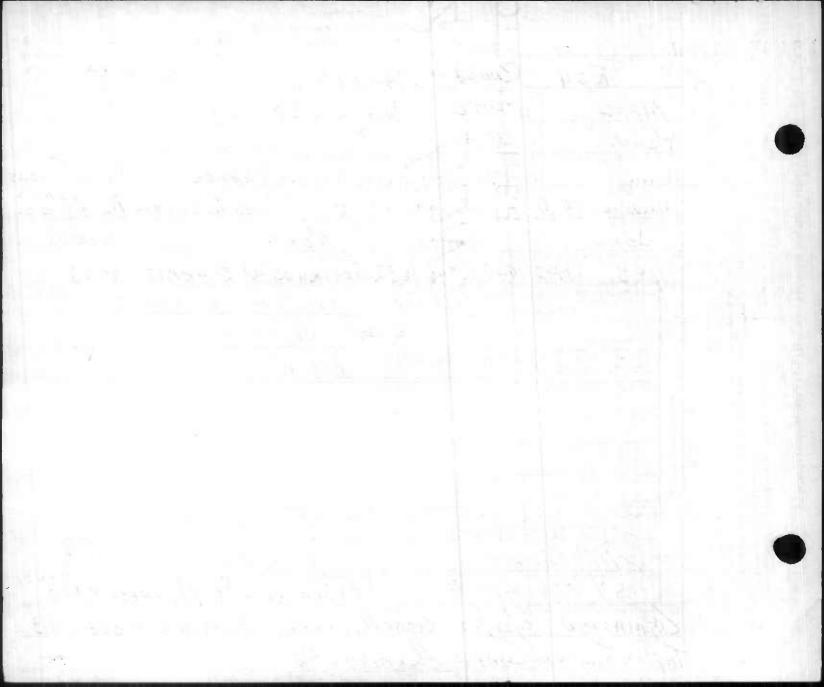
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)



0 / 5	0.0.	١,	FOR		t	EPART	STAT MENT OF H		AND M		IYGIEN	IE.			
0 4 5	334 FE8	25	STATE REGISTRAR		MEI	DICAL	EXAMINE	R'S C	ERTIFIC	CATEO	F DEA	ATO REG	0.00 is	3 3	3 0
			CEASED NAME	FIRST		WIDDLE			LAST			20. DATE KNOWN	HTMOM X	DAY YEAR	25 HOUR
	ET SS SS ET,	1		Dolore	es	R.		В	oyer			DEATH MATED	□ 2	16 1987	M
	Y, PLEA NECTO UR FILL 22 HOU N STRE	3. SE	emale 4	white	5. DATE OF BIRTH	929	6. AGE (IN YEAR LAST BIRTHDAY 57 YRS	MONTH		IF UNDER	24 HRS. MIN.	2c. DATE PRONOUNCED DEAD	монтн	16 1987	7:40P
100	AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D	1000			76 CITIZEN OF WH		1111		~			9 BALTIMORE CI	TY OR COUN		M
	S FOR S FOR	9	REIGN COUNTRY		USA			WIDOW	ED 🗆	VER MARRI DIVORC	ED 🗆	Allegar			MD
6	DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. D BE FILED, WITHIN 72 HOURS RDS, 201 W, PRESTON STREET,		ty or town of Cumberla		11. NAME OF HOSI (IF NOT IN SUCH FACE Memoria	ILITY, GIVE S	TREET ADDRESS)	OR OTH	er institu	TION	FOR	WAL OCCUPATION MOST OF WORKING LIFE) OUSEWIFE		OWN ho	TRY
21201	TER DEATH. IF ANY DELAY FORM PW 3. RETAIN PA FEST AND 2 SHOULD BE F ON O. WAL RECORDS, 2		AL RESIDENCE (IF	13b COUNT All	W OTHER INSTITUTION CIV	13c CITY			13d. INSIDE C		13e STR	REET ADDRESS	Chass		
D. 2	33. A	14 F	ATHER'S NAME		egarry	1 0	ninerra	IU	YES K	NO .		310 South	Stree	t/21502	
BALTIMORE, MD.	URS AFTER DEATH.  18. GIVE PAGES 1,  17. PAGES 1 AND 2,  17. DIVISION OF WIRE		FIRST	Fred D	ietz		LAST		F	IRST		na M. Log	sdon	LAST	
S S	PAGORA ON ON	16a. \	VAS DECEASED E	VER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOC	CIAL SECURITY	NO.	17. INFORA	TNAM		ADD	RESS		
TIAL	A STANIS		no			212	2-24-10	10	Mr.	James	D. 1	Boyer, Cu	mberla	ind, MD	- husba
			18 CAUSE OF D	H WAS CALISED	ly one cause per line									BETWEEN ON	SET AND DEATH
NO NO	IN 24 HOUR IN ITEM 18. E ALONG W SIT PERMIT HYGIENE, D			IMMEDIAT	E CAUSE (6) TYDE				riosc	lerot	ic c	ardiovasc	rular c	lisease	
EST	WITHIN 24 PENCIL IN ITEA MINER ALON TRANSIT PER ENTAL HYGIEI OR REMOVAI		Conditions	if ony, which	DUE TO, OR	AS A CON	ISEQUENCE O	-							
9	WITHIN ENCIL IN MINER A TRANSII NTAL HY		gave rise	to immediate	(b)	1001	ISEQUENCE O							-	
201 V	UUID BE EXECUTED WITHING "PENDING" IN PENCIL II EF MEDICAL EXAMINER ESTD AS A BURIAL TRANS THE ATH AND MENTAL IN HEATH AND MENTAL IN ALL CREMATION, OR REM		lying couse		1	AS A CON	SEGUENCE O							100	
DS	ATION ATION		PART 2 OTHER SIGNI	FICANT CONDITIONS	(C)CDNTRIBUTING TO DEATH B	UT NOT RELA	TED TO THE TERMIN	AL OISEASE	OR CONDITIO	N GIVEN IN PAI	RT 1 (a)				
ő	JID BE EXECTED BE EXECTED BY WEDICAL BY HEALTH AN	NO							mel1						
8	L, OF MEA	CERTIFICATION	190. DATE OF O	PERATION	19b. CONDIT	ION FOR	WHICH OPERA							20 AUTOPS	Y?
¥.	SHOULD ORD "PEI CHIEF A E USED A T OF HEA URIAL, O	TIF												YES X	NO 🗆
OF.	ATE WENTER WENTER		21a. EXTERNAL O		21b. TIME OF HOUR A.M.		DAY YEAR	21c HC	W INJURY	OCCURRE	D (ENTER	NATURE OF INJURY IN ITE	M 18 PART 1 OR P.	ART 2)	
O N	AR HOUTE	CAL	CONTRIBUTING	CAUSE OF			19								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	AINER: THIS CERTIFICATE SHOULD E FICATE, WRITING THE WORD "FEN BE FORWARDED TO THE CHIEF MA CTOR: PAGE 3 SHOULD BE USED A HTHE STATE DEPARTMENT OF HEAM HAND, 21201 PRIOR TO BURIAL, CE	MEDICAL	WHILE AT WORK	CURRED NOT WHILE	21e PLACE C STREET, FACTO				ATION			CITY OR TOWN	co	YINUC	STATE
	E, W WAI PAC STAT								[37]						
	EXAMINER: CERTIFICATE, ULD BE FORV DIRECTOR: WITH THE S		and a local	/	e of the remain	ribed abo	ve, held on	Autop	X.	Inspection		Inquiry .	and in my a	pinion	
	AMI RTIFFE REC		death resulted	Natur	of courses La	Achdent	719	X	Mamie		Undet	termined monner			
	X S S S S S S S S S S S S S S S S S S S		ACTUAL	Illi	1009	uco	shill	411	F. F	PECIFY) stant		DICAL EXAMINER	DATE	ED 2/17	/87
	MEDICAL CUTE THE CUTE THE FUNERAL FR DEATH		SIGNATURE_S		-	1				Deane	MED	TICAL EXAMINER	SIGN	ED	707
		1	(TYPE OR PRINT	Delili	s F. Smyt	h/M	.D.		ADDRESS_			Penn St.	Balto	.,MD.	
	5345F8 _	23a.B	URIAL, CREMATIC	N, REMOVAL 2	36 DATE 2-19-1987		NAME OF CEM				23d LC	Berlin	COL	UNITY	STATE
07/84 25M	BP		UNERAL DIRECTO		Z-1/-170/	DE	eachdale	: cer	necery	7 KI SA 1 K	TE TE A	perin	Somer	set	PA
	DHMH - 17 (VR A15 ME (5))	1			elli, Cumi	perla	ind. MD	2150	12	LCD	19	130110		- state	
	( ( . ) ( . ) )				, 01111		, , ,		-						

physician and completely filled in by the funeral director, page 3 nappers. Pages 1 and 2 should be fired within 72 hours after death mavol.

max be

3434

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIQUE

0

3 3 3 1

1.	REGISTRAR				CERTII	FICATE OF DEATH	•	REG	. NO.			10 h	
	ECEASED NAME	FIRST		AIDDLE		LAST	2 a D	ATE OF DEATI	H MONTH		EAR	2h HOL	
97	CORPHINI	CLYDE	Al	NDREW	BRAT	TTON			02	02	87	7:1	1 P
S SE	Х	4	RACE			OF BIRTH		E IN YEARS LAS	I BIRTHDAY)	IF UNDER	DAYS	# UNDER	24 HRS MIN.
M	IALE		Whit	е	06	11 19 19 19 AR			67 YRS	S.	DATE	1100113	Mills.
	IRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	L A	LEGANY	_		TH		
10.0	Virginia ITY OR TOWN OF DE	ATH 1	U.S.	ACSPITAL NILIPSIN	WIDOW	DIVORCED OR OTHER INSTITUTION		JSUAL OCCUP			IND OIL	BUSINE	MD
300	UMBERLAND		MEMOR IN SUC	HEACILITY, GIVE STREET HOSP I	TAL	OR OTHER INSTITUTION		Mechan	ST OF WORKING	G LIFE) INDU	STRY	rs H	
13a.	ALRESIDENCE (IF NUR STATE IARYLAND	136 COUNT	Y	GIVE RESIDENCE BEFORE	/N	13d. INSIDE CITY LIMIT	TS?   13 e. S	TREET ADDRE	BOX 5	DDE 215	30		
14. F	ATHER'S NAME	MI	DDLE	LAST		15 MOTHER'S MAIDER	NNAME	WIDDE	·		LAST		
1	homas	Andrew		Bratton		Maude		MIDDE		utchin	son		
	WAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU	JRITY NO.	17 INFORMANT		AD	DRESS				
	Yes	(# 163, 0146 4	VAR OR DATES	227-09-2	2736	Mrs. Le	e Brai	ton -	Same :	ae #13			
	18 CAUSE OF DEAT	H (Enter only	one couse per	_		10			- 4			AATE INTER	VAL
	PART I. DEATH V	VAS CAUSED IMMEDIATE		HCO	116	MYOCAKI	TAL	11	VFAKE	TOW.			
		MARKEDIATE				0 11					- 4		
	Conditions if any		DUE TO, OF	AS A CONSEQUE	CIVUTU	an Aston	1.00	age					
	Conditions, if any gave rise to im-	mediate	(p)	6	CYUNE	11 The Carry	1	- )(					
	underlying couse		DUE TO, OF	R AS A CONSEQUE	ENCE OF	141 20 C.1	10000						
			(c)		A	The state of the s	40513	•					
NO	PART 2 OTHER SIG	NAMIZ	NDITIONS CO	intributing to	LUX BUT	NOT RELATED TO THE	DERMINAL H	y DE Uns	ondition o	HO C	RI lip	4.	
CERTIFICATION	198 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	DN WAS PERFORMED		AUTOPSY?	IN CER	YES, WERE I	USES (	GS USEL OF DE AT	TH?
18	21a, ACCIDENT WAS UN	DERLYING T	21b. TIME O	F INJURY		21c. HOW INJURY OC					(RT 2)	110	
	OR CONTRIBUTING			M. MONTH DA									
MEDICAL	21d INJURY OCCUR		P./ 21e. PLACE (		19	211 LOCATION							
MEG		HILE		EET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CITYO	R TOWN	COUN	4TY	S	TATE
	220.1 certify that (1)		) ottended the	deceased from_		. 19		0		19		hot (h (v	we) last
	sow the deceas above, (I) (we) (	ed olive on	9 11 1 2	19	, o	nd That in (my) (our) ope			e date and l	hour and fro	m the c	ouses sto	ated
	22b. SIGNATURE	aia) (aia noty	yew the body	otter deoth.		DEGREE				1226.	DATES	IGNED	1
		160	in 1/1/2	)		MIT ATTENDIN	NG ME	DICAL SECTOR PHY	STAFF YSICIAN []		2	31	87
	22d. PHYSICIAN'S N		RU			22e ADDRESS	,					17	/
	DR RANJI	THAN							175			1	
	BURIAL, CREMATION,	REMOVAT	23b DATE	23c. 1	VAME OF C	CEMETERY OR CREMATO	ORY 23	d LOCATION	N	COUNTY		4	TATE
	Remo	val	2-4-8	7			Trail.	C ON TOWN		COUNTY		3	
24 F	UNERAL DIRECTOR		The same of			250	DATE REC	D. BY REGISTE	AR 251 REG	SISTRAR'S SI	GNATA	IRE .	
	Ana	tomy B	oard	ADDRESS	Balt	o., Md. F	EB O	7 1987	Julia	Davido	ン・ド	andal.	70

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR, after this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial,

IMPORTANT: If them 21 is morked or them 18 shows any

FEB 07 1987

Jan Harris

the summer lover Maloutras

(VRA 15, 4)

ha Carrian

5-10 . 4-10 TALE 

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	3	3	6.1
REG NO			

-	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	O /	G. NO.	3	
21		EASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEA	ТН момтн	DAY YEAR	2b HOUR
		ON PRINTY	SUSI	E	VIRGINIA	F	BUCKLEY	February	19,19	87	6:25 A
	3. SEX			4 RACE		5 DATE (		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HR
- 2	Fe	emale		White		DEC.		73	YRS.		THOURS I MIT
m 25		OUNTRY)	FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8 AAA PDIE	D NEVER MARRIED	9. BALTIMORE CI			
55		ryland		U.S.A.		WIDOW		Allegany	7		,
D			ATH				OR OTHER INSTITUTION	120 USUAL OCCU			OF BUSINESS C
5)		nberland			ial Hospit			Homemake		Home	1,50
200	USUA 13a S	L RESIDENCE (IF NUR!	13b COU	NTY	13t. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP CO	DE	
		rryland	Alle	gany	Cumberla	.nd	YES XX NO	203 Mass	achuse	tts Ave.	/21502
and a	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDE	DLE	LAS	51
DK//		Joseph		R.	Bishop		Dessie	V		Lear	
7		AS DECEASED EVER		MED FORCES			17_INFORMANT			309 Bowl	
medicol medicol	1,	No	1,4 105.01	-	217-28-0	006	Patsy McCabe		Cur	mberland	, MD
e e		18 CAUSE OF DEAT	H (Enter o	nly one couse n	to Alando	1 cast	./ . //		1	APPROX	MATERIAL CHISET AND DEA
injury,	NOI	PART 2 OTHER SIG	VIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR	CONDITION G	SIVEN IN PART 1	0.
huo smo	CERTIFICATION	19a DATE OF OPERA	TION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	YES, WERE FINDI TIFYING CAUSES YES []	
5	CER	210. ACCIDENT WAS UN	L,	1100.00	OF INJURY A.M. MONTH DA	AV VEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM TO	8 PART I OR PART 2)	
E	AL	OR CONTRIBUTING		AIR	P.M.	19					
0	MEDICAL	21d INJURY OCCUR	RED		E OF INJURY STREET, FACTORY, OFFICE, F	0	21f. LOCATION	CITY	OR TOWN _	cour	STATE
rked	2	AT WORK NOT WE	HILE	(ATTIONE.	STREET, FACTORY, OFFICE, F	110	n 2/ M	Sil.	16	Ol	
21 is mo		22a.1 certify	Ithis hosp	Pu	119 8	MAC	nd that in (my) (our) apinion	deoth occurred on t	he date and h	our and from the	that (I) (we) I
Hea		22b. SIG ATRI	0100	DIAGA	A DEBIT OF BUILD		DEGREE ATTENDING	MEDICAL	STAFF	22¢ 0 ATE	SIGNED CH
ž			u	WIV		5	PHYSICIAN T	DIRECTOR PH	HYSICIAN [	0-0	יסיעק
MPORTANT		22d PHYSICANIS N	AME (THE	DE PROHIT)				ial Hospi		dical B1	dg.
MA V		Dr. Terr						rland, MD			
	_ [	URIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATION	WN	COUNTY	STATE
-	Bu	vrial		2-22-	-87   Su	nset	Memorial Park		and-Al	legany-N	arylan
7/84					rch Funera		ne, P.A. 250. DAT	E REC'D. BY REGIST	KAR 256. REGI	STRAR'S SIGNA	TURE
	21	12 Groone	St 0	Cumberl	and MD 2	1502	FEB	2 6 1987			Sac .

DHMH - 16 60M 7/84 (VRA 15, 4)

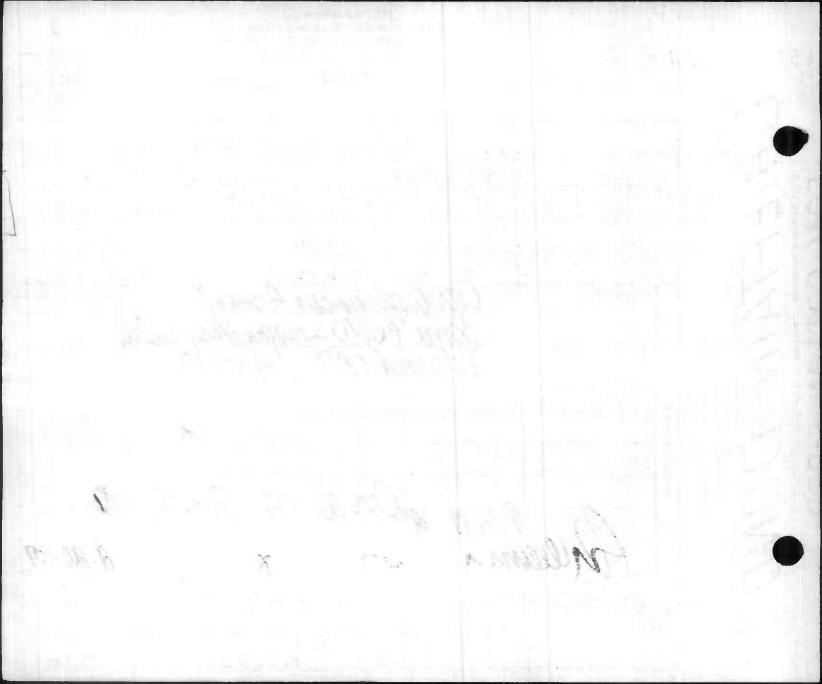
TO HOSPITAL OR ATTENDING PHYSICIAN: The

retoined by the hospital or

BP.

FOR

4 moy be



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 25 HOUR (TYPE OR PRINT) Cesnick Florence 0 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE IF UNDER I YEAR 3 SEX 5 DATE OF BIRTH MONTH DAY emile 909 21 ImBIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Allegany honaconina WIDOWED DIVORCED 10 CITY OR TOWN OF DEAT 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Oracoruna EGIF NURSING NAUSEWife Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13d. INSIDE CITY LIMITS? 13e STREET, ADDRESS / ZIP CODE Midlan allegan Maruland Arndiso 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE William Green 50551e oree! 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Bowling (IF YES GIVE WAR OR DATES) Lumber Mart. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c) PART I. DEATH WAS CAUSED BY: mulemon IMMEDIATE CAUSE (a)\_ AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20h IF YES, WERE FINDINGS USED

CERTIFICATION IN CERTIFYING CAUSES OF DEATH? YES [] NOX YES | NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INTURY 211 LOCATION CITY OF TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE AT WORK 22a I certify that (1) (this haspital) attended, the deceased from saw the deceased alive an, and that in (my) (aur) apinian death occurred an the date and haur and liam the causes stated abave, (1) (we) (did) (did nat) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF

PHYSICIAN :

22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY

DIRECTOR PHYSICIAN

24 FUNERAL DIRECTO BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84

(VRA 15, 4)

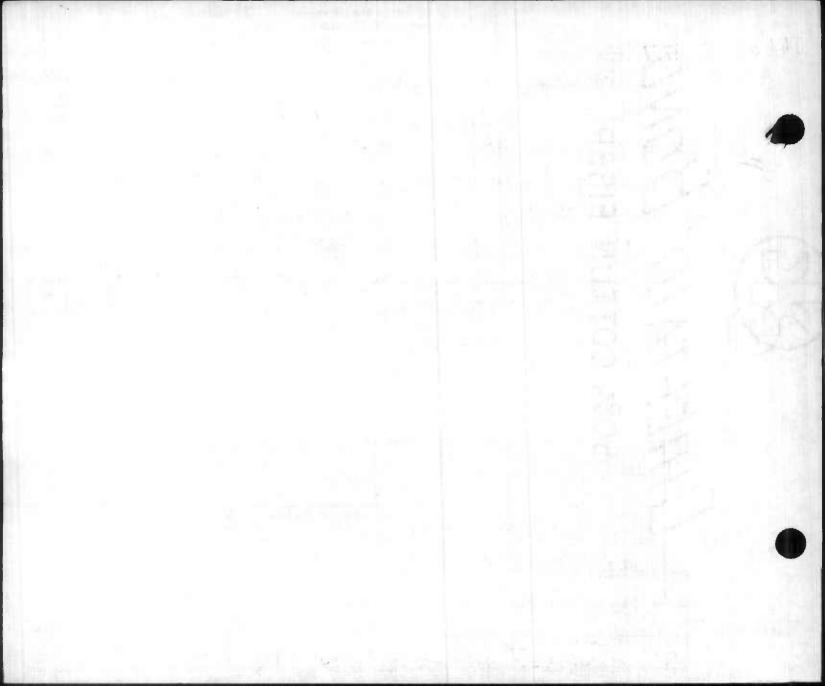
Mental

Dept

MPORTANT

O FUNERAL Disould be detailed in the State D

ō



Durst Funeral Home, Frostburg, Md.

24 FUNERAL DIRECTOR

DHMH - 16 60M 1/75

(VR A 15 (4))

STATE OF MARYLAND

Late 3: Car Page 4 and a second secon 

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6	- 1	
<b>S</b>		
3		
	DEC.	NO

0 3 3 4 3

-1	0	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	0 0	
		CEASED NAME	FIRST		MIDDLE	ı	AST	20 DATE OF DEATH		AY YEAR	2b HOUR
	1		LLA	PI	EARL	CLA	USON	February	4, 198	7	10:22 Pm
	3 SEX	× Female	4.	Cauc	asian	5. DATE O	712/1908 YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER LYEAR	
5		RTHPLACE (STATE OR FOR COUNTRY)		USA	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY O		OF DEATH	MD.
C	(	TY OR TOWN OF DEAT Cumberland	Me	emorial	HEACILITY, GIVE STREET L Hospita	ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOMEMAK	F WORKING LIFE		OF BUSINESS OR
3	13a. S		ALLE E	any			138. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS P O Box 11	7/2152	24	
1	M. FA	Richard	MID	DLE	Sourbrine		15. MOTHER'S MAIDEN NA		Rub	ру	AST
1	16a V	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARME (IF YES, GIVE W		166. SOCIAL SECU 214-05-5		William M. C	lauson, Cor		rille,	MD
		Conditions, if ony,	S CAUSED E	AUSE (a)	R AS A CONSEQUE	ENCE OF	Thosen o	nti onu	nyem		odou
		gave rise to imme cause (a), stating underlying couse	the lost.	(6)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVE	N IN PART 1	lia
2	CERTIFICATION	90 DATE OF OPERATE	ON	I% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			INGS USED
Î		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	21h. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TE PAI	Rf 1 OR PART 2)	
	MEDICAL	HILE NOT WHILE	E 🗆	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	18	220.1 certify that (1) sow the deceased above. (1) (we) (did	olive-on.	2 ~	4 19		nd that in (m) (aur) apinion	death accurred on the d	ate and hour		, tho (we) lost the causes stoted
		22b. SIGNATURE	Bul	len		no	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DAT	E SIGNED
1		Dr. A. Be						rederick St			
_											

DHMH - 16 60M 7/84

DHMH - 16 60M 7/B4 (VRA 15, 4)

abuild be deta

Burial CREMATION, REMOVAL 236. DATE 2/7/87 Reserved Burial 230. Trunk Burial Reserved Reserve

23c NAME OF CEMETERY OR CREMATORY Restlawn Mem. Park

15545

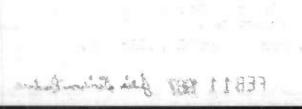
Lavare, Allegary, MD

STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

FEB 1 1 1987

Julia Tiritor Radice



045335

		LAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. N	اه. 0	3	3	4	-
TE OF	DEATH	ALCONITIA.	DAN	MEAD	In	10

157	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 3 3 4 4
			E.			20 DATE OF DEATH MON Februa	ary 15,1987 2:40
3 SE>	x Male	4 RACE Caucas	sian			6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN
C	MD	US	A	WIDOWE	D DIVORCED	Allegany	A
	Cumberland	Memor Memor	ial Hospi	tal	DR OTHER INSTITUTION	120 USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WOR  Plumber	IZE KIND OF BUSINESS C INDUSTRY Self-employe
13a. S	MD 13b. A		Corrigan	ville		13e.STREET ADDRESS / ZIB	3°, DE 21524
I4 FA	Dorsey	Vinton			Sűstan	MIDDLE	Cook
()	YES NO OR UNKNOWN)	ARMED FORCES?					MD 21524 23, Corriganvill
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	(b)	Ischeu	ie (	Careliouye	pathy	
NOI	PART 2 OTHER SIGNIFICAN			_		Disorder	
TIFICAT	19a DATE OF OPERATION	196 COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	YES NOX	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \square\)
MEDICAL CER		DEATH HOUR A		YEAR		RED (ENTER NATURE OF INJURY IN I	ITEM 18 PART 1 OR PART 2)
	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FAI	RM, ETC )	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
MED	AT WORK NOT WHILE AT WORK						
3	J. DEFITYPE STATE ON SULLING STATE OF S	REGISTRAR  DECEASED NAME (ITTPE OR PRINT)  S SEX  Male  BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD  10. CITY OR TOWN OF DEATH  Cumberland  DOYSEY  13b. GO  14. FATHER'S NAME FIRST  DOYSEY  15c. WAS DECEASED EVER IN U.S. (VES NO OR UNKNOWN)  VES  18. CAUSE OF DEATH / Enter PART 1. DEATH WAS CAUSE ON STORY IN MEDIT OF THE PART 2. OTHER SIGNIFICAN PART 2. OTHER 2	REGISTRAR  D. DECEASED NAME [1179 OR PRINT]  S SEX  Male  Caucas  Male  Caucas  Mole  Country  MD  US  10. CITY OR TOWN OF DEATH  Cumberland  Cumberland  Cumberland  Cumberland  Cumberland  Memor  Allegany  14. FATHER'S NAME  FIRST  Dorsey  Vinton  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  YES NOOR UNKNOWN)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  Conditions, if ony, which gove rise to immediate cause (c).  Stoffing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS C  CONDITIONS C  CONDITIONS	DECEASED NAME FIRST MIDDLE  SEX Male Caucasian  BERTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY?)  MD USA  10. CITY OR TOWN OF DEATH  Cumberland The Month of Hospital, NURSING (IF NOT INSUCHFACILITY, GIVE STREET ALL MEMORIAL HOSPI  MSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE A TIEGRAL HOSPI  MD STATE TO THE MONTH OF THE MONTH O	DECEASED NAME [1179E OR PRINT]  B. DECEASED NAME [1179E OR PRINT]  B. SEX  Male  Caucasian  Country)  MD  USA  MARRIE [1170 OR TOWN OF DEATH COUNTRY]  Cumberland  Cumberland  MEMORIAL RESIDENCE (16 NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130. STATE MD  14. FATHER'S NAME FIRST  Dorsey  Vinton  Clinedinst  154 FIVE WAR DECEASED EVER IN U.S. ARMED FORCES?  VES  18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c). 1  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate cause ical, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  CONTRIBUTIONS CONTRIBUTING TO DEATH BUT  CONTRIBUTIONS CONTRIBU	REGISTRAR   CERTIFICATE OF DEATH   DECEASED NAME   FIRST   MIDDLE   LAST     CLINEDINST   S. DATE OF BIRTH   TO7/03/1914   TEAR     S. DATE OF BIRTH   TEAR   TO7/03/1914   TEAR     S. DATE OF BIRTH   TO7/03/1914   TEAR     S. DATE OF BIRTH   TEAR   TO7/03/1914   TEAR     MD   MEMORITAL   NURSING HOME OF OTHER INSTITUTION   MIDOWED   DIVORCED     S. DATE OF BIRTH   TEAR   MARRIED   MEMORITAL   NURSING HOME OR OTHER INSTITUTION   MIDOWED   DIVORCED     S. DATE OF BIRTH   TEAR   MARRIED   MIDOWED   DIVORCED     S. DATE OF BIRTH   TEAR   MARRIED   MIDOWED   DIVORCED     MD   MEMORITAL   NURSING HOME OR OTHER INSTITUTION   MIDOWED   TO STATE   TO STATE     S. DATE OF BIRTH   MEMORITAL   NURSING HOME OR OTHER INSTITUTION   MIDOWED   DIVORCED     S. DATE OF BIRTH   MEMORITAL   MEMORITAL   MIDOWED   MEMORITAL   MEMORITAL	REGISTERA  DECEASED NAME  INTEGER DEPART   FREST   FREST   FEBRUAR    REGISTERA  Male  Caucasian  TOT/03/1914  TABLE   FEBRUAR    REGISTERA  Male  Caucasian  TOT/03/1914  TABLE   FEBRUAR    TOT/03/1914  TABLE   FEBRUAR

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

PA FUNER MEN HO Zeigler Hyndman, PA 15545

FEB 189 1957



	0	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0	V
2	2	X
~	(Z	
9	24	
A	_ C	
7	ŧ	
× ×	3	
Σ	9	
wi	3	
Ö	×	
Ž	0	
5-	۵	
W A	0	
7	2	
S	-	
Z	Ü	
5	10	1
ES	0	E
2	9	
× ×	-	Ł
-	2	
20	10	
si.	1.5	
2	9	
0	-	
<u>u</u>	ó	
-	0	J.
Z	\$m-	Ö
>	ż	3 XS
4	4	d
7	20	6
ō	<b> →</b>	ē
2	0	le.
≥	9	o
0	5	0
	Z	-
	-	Dit.
	A	050
	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours often	retained by the hospital or attending physician.
		th
	A	X
	Sp	D
	0	De
	0	10
	5	0

BP. DHMH - 16 60M 7 (VRA 15, 4)

45394 FEB

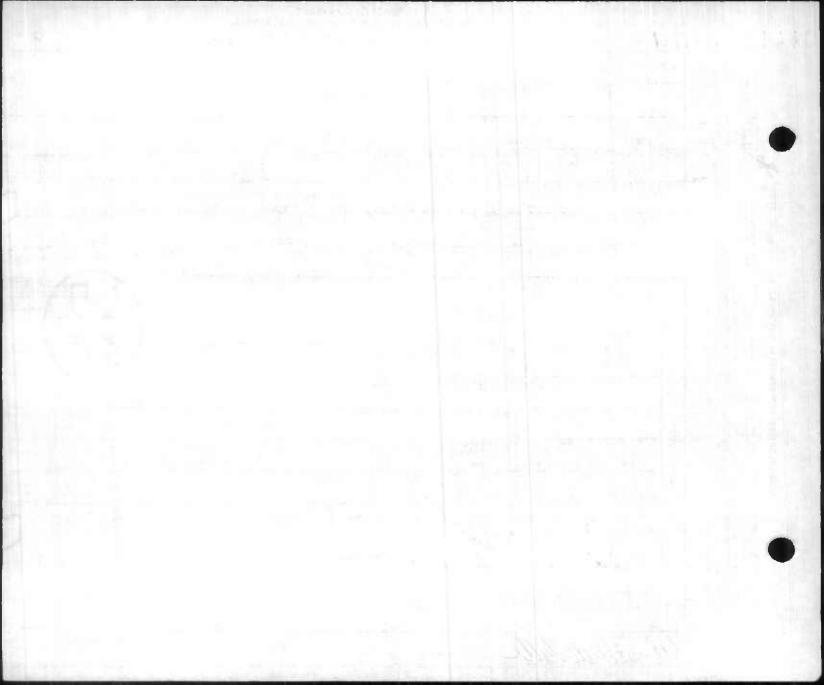
deoth. Poge 4 moy be

	DECE TYPE OR	ASED NAME	RICH	ARD	OSWALD		INGERMAN	FEBRUARY		YEAR	26 HOUR 8:50P
3	SEX	Male		4 RACE Whit	e	S. DATE OF	о в в в в в в в в в в в в в в в в в в в	6. AGE TIN YEARS LAST BIR		UNDER I YEAR	HOURS MIN
35	WE	HPLACE (STATE OF FI	inia	USA		WIDOWE		9 BALTIMORE CITY O ALLEGANY (		FDEATH	,
		ORTOWN OF DEA	nd	SACRE	THEAR T	HOSPIT	OR OTHER INSTITUTION	12a USUAL OCCUPATI ITYPE OF WORK FOR MOST O Mach. Re	F WORKING LIFE)	IZE KIND O	f BUSINESS C ile
35	Ma Ma	aryland	136 COUN		13c CITY OR TOV	WN	134. INSIDE CITY LIMITS? YES MO	134815 Gr	zip code St	reet	/2150
E//		Tohn	W.		Clinger			Elizabeth		aneÿ	
o lo	60 WA	S DECEASED EVER		MED FORCES? E WAR OR DATES)	2360376		Mernie M.	Clingerma		me a	s abo
the free motic Event, the m		Conditions, if ony, gove rise to imm couse (a), stating	AS CAUSEI IMMEDIAT which ediate the	D BY: E CAUSE (o)  DUE TO, C	OR AS A CONSEQUENCE OF A CONSEQUENCE OF AS A CONSEQUENCE OF A CONS	JENCE OF	tung cance			BETWEEN	MATE INTERVAL  MATERIAL  M
vs ony injury, or other fractimatic Event, the m	CATION	Conditions, if ony, gove rise to immove (o), stating underlying cause	which ediate at lost	DBY:  E CAUSE (0)  DUE TO, C  (b)  DUE TO, C  (c)  ONDITIONS C	DR AS A CONSEQUEDR AS A CONSEQUEDR AS A CONSEQUED CONTRIBUTING TO	JENCE OF JENCE OF	)	NINAL DISEASE OR CON	DITION GIVEN 206. IF YES, W IN CERTIFYIN	APPROXI BETWEEN (  IVERE FINDIN  VERE FINDIN	MATE INTERVAL DISSET AND DEA MOTOR  IGS USED OF DEATH?
18 shows	CERTIFICATION	Conditions, if ony, gave rise to imm couse (a), statinunderlying cause	Which ediate   IFICANT C	DBY:  E CAUSE (a)  DUE TO, C  (b)  DUE TO, C  (c)  ONDITIONS C  19b. CONE  HOUR A	DR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUEN	JENCE OF  JENCE OF  DEATH BUT  H OPERATIO	NOT RELATED TO THE TERM ON WAS PERFORMED  216 HOW INJURY OCCUR!	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	DITION GIVEN  206. IF YES, W IN CERTIFYIN  YES [ 27 IN ITEM 18 PART	IN PART 1:0 VERE FINDING CAUSES	GGS USED OF DEATH?
18 shows	MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stating underlying cause  ART 2 OTHER SIGN  TO ACCIDENT WAS UND THE CONTRIBUTING CONTRI	Which ediate and the	DBY: E CAUSE (a)  DUE TO, C  (b)  DUE TO, C  (c)  ONDITIONS C  19b. CONE  19b. CONE  HOUR A  P  21b. PLACE (AT HOME, ST	OR AS A CONSEQUENT ON TRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH CONTRIBUTION FOR WHICH CONTRIBUTION OF INJURY OF INJ	JENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19  EARM ETC)	NOT RELATED TO THE TERM ON WAS PERFORMED  216 HOW INJURY OCCURI	INAL DISEASE OR CON.  20a AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TO	206 IF YES, WIN CERTIFY IN YES [ 27 IN ITEM 18 PART	IN PART 110 VERE FINDING CAUSES 1 OR PART 2)	IGS USED OF DEATH? NO []

STATE OF MARYLAND

the day state | state THE PARTY OF THE P Vice in the second of the seco Bridge to allow a ret to page 1. Strength of the late The same and the first or an armine and the same and the COLUMN TO A PARTY OF THE PARTY

			FOR			DEPART		TE OF MARY		HYGIEN	E						
744120	FFB I	- STATE LREGISTRAR			MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7 REG. Q 3						3	j	6				
0 1 1 1 2 0		1 DEC	EASED NAME	FIRST		MIDDLE		LAST			20. DATE	KNOWN	527 M	NIH	DAY	YE AR	2b HOUR
₩~.69	0 =	(TYPI	OR PRINT)	DONALI	)	н.		COL	LEGE		OF	ESTI- MATED		2 1	11 19	87	
FILE	REE	3. SEX	4 RACE	15.	DATE OF BIRT	Н	6. AGE IN YE	ARS IF UNDER 1		R 24 HRS.	2c. DATE			ONTH	DAY	YEAR	2d HOUF
IX. P	I S		1 1		MONTH DAY		42 Y	· Indiana	HOURS	MIN,	PRONOU!			2 .	11 ,	9 87	1:40
SAR	N S	To BI	THPLACE ISTATE OR		CITIZEN OF		1.64		l viewen u vn	DIED 🗆	9. BALTIN	ORE CIT	YORC	OUNTY			E N
NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES.	1/5		enna	1000	usa			WIDOWED C	NEVER MAR		A11	egany	z Co	ounts	J		AAT
Z 2: 3: 2	95	III CI	Y OR TOWN OF DEATH	/ 11				OR OTHER INS	TITUTION		JAL OCCU	PATION (			b KIND	OF BU	SINESS
2000	375	C	umberland	/ E	ibred,	Inc.	Day F	Rd.		const	ruct						rker
TAIN DE		USUA 130 S	L RESIDENCE (IF IN NURSIN	HOME OF OT	THER INSTITUTION,	GIVE RESIDENCE	OR TOWN	ON)	ISIDE CITY LIMITS?						(10	RH	14
AND	2		3,00	edfor	d		e Spri				RD #		ver	ett.	Pa	. 13	5537
E3 . 54 t/3.7	195		THER'S NAME		NIDDLE	Dilak			OTHER'S MAIL			AIDDLE			LA		
# 220 F 120		2	William	M	H.	Co	11ege		Laver	ne	A	AIDDLE	C	aste	4.74	51	
MON STATE	70	60 V	AS DECEASED EVER IN I	J.S. ARMED	FORCES?		CIAL SECURIT	Y NO. 17. IN	FORMANT		RD	HADDRI				Pa.	1553
A PARTY	38	(46	S, NO, OR UNKNOWN)	Vies, GIVE WAR	nam 64-	65 174	-34-97	75 N	Mrs. Wa	nda C					,	,	
2 XOE	D.		18 CAUSE OF DEATH (E	nter only o	ne couse per li			-	11 0 : 110	THE C	,0110,	, , , ,			APPE	OXIMATE	INTERVAL
N ST	E 16		PART I DEATH WAS	CAUSED BY	Y: CAUSE (o)	Multir	ole in-	uries							BETWE	EN ONSFI	AND DEATH
o see	100	7	8810 m	MEDIATE	DUE TO, C	OR AS A COM	NSEQUENCE	OF						1	-		
是	25.5		Conditions, if ony, gove rise to imm		(b)												
W. W.	828		couse (a) stating the		< ' '	OR AS A CON	NSEQUENCE	OF									
DE SE	N N		lying couse lost.		(c)									1	1		
S SS	AS A BURAL ALTH AND M CREMATION		PART 2 OTHER SIGNIFICANT CO	NOITIONS CON		TH BUT NOT REL	ATED TO THE TERA	INAL DISEASE OR COM	NOITION GIVEN IN	PART I o							
RECORDS LD BE BXE PENDING	OF HEALTH	ON															
ULD PER	L'EEC	CERTIFICATION	190 DATE OF OPERATIO	N	19b. CONI	DITION FOR	WHICH OPER	ATION WAS PER	RFORMED?						20 AU	TOPSY?	
SHOUTAL CHIEF	368	TIFK	Delta de la constante de la co												YE	s 😡	NO 🗆
JE WE	O W O	S	210 EXTERNAL CAUSE V	VAS		OF INJURY	DAY YEAR	21c HOW IN	JURY OCCUR	RED LENTER	NATURE OF IN	JURY IN ITEM	18 PART	OR PART			
DIVISION OF CERTIFICATE BITING THE W	DEPARTMENT OF PRIOR TO BURI		UNDERLYING X OR CONTRIBUTING CAL	ISE OF DEA			L1- 19 8		ect. fel	ll fro	m la	dder.	F				
ASIO NS TO TO	PREPA	MEDICAL	214 INJURY OCCURRED			E OF INJURY	(AT HOME.	211 LOCATIO			CITY OR 10			1			
NO STANKED	17875	2	AT WORK AT WOR	IILE	4	bred,	- /	Day Ro	d.	Ci	mber			A ]	lega	nv	STATE
E E	125		22a I certify that I too					Autopsy X			Inquiry					шу	110
<b>五</b> 公5	四十二		/	HESSEL CO.		escribed obt	T				4 /		ond in	ту оріп	ion		
A PER CA	五百二		death resulted from	Natural c	77 6	Cicident	- 00	-	Homicide:	Undet	ermined m	onner _	١,				
203	25.51		ACTUAL ACTUAL	1111	140	hus	600		rLE(SPECIFY) SSISTAR	nt			- 1	DATE SIGNED	2-	12-	87
2 ± 3	NORE NORE	7_	SIGNATOR SALES		100	1	1000	Contract of the	and the country	WED	ICAL EXAM	ARNER		HONED.	-	-	
95.	ER DEATH		EXAMINER'S NAME (TYPE OR PRINT)	ennis	F. Sm	vtb. N	1.D.	Anne	ESS 111 E	Penn S	st., 1	Balto	0.,	MD	212	201	
PERO IL	AFIR		IRIAL, CREMATION, REM					METERY OR CREA			CATION						
1 907 B4 9BP		-	ria1		2-1.5-87			lle Uni		ot or w	Monr	ne Tt	AD.	Bedi			enna
25M	1.7		NERAL DIRECTOR	111	./				250. DAT	E REC'D. BY	REGISTRA	AR 256 RI	GISTR.	AR'S SIC	NATU	RE	
DHMH (VR A15		4	Times Work	Mal	L ADDRE	Everet	tt, Pa,	15537	FE	B17	1987		1	Henr	015	- ALFARA	3.75
		-	The same of the same	CO. WILLIAM													



Balto., Md.

ADDRESS

Anatomy Board

**DHMH** - 17

(VR A) 5 ME (5))

20M 4/82

Lavorac Trein Landon Foreite Wilto 02 13 13 77 A. J. J. College Colle Comberland, MT Vera Bott, 128 Springdele Dr., Octo. tektoral Inn. Do. i. Allegany Gurberland, M. 100 Dyringerland, Guri.

Traly Maryana Plak Traly 11 m lm/133 State L. Towards, 3 - Vogeta Ct., Lopecon

75-70-27

Arterioscierotic paner Pi mort

Clarend lastrangelo, 1.0. [ [ [ ] Setton Loss, [ ] Lakeland, [ ] 2150

and the second s

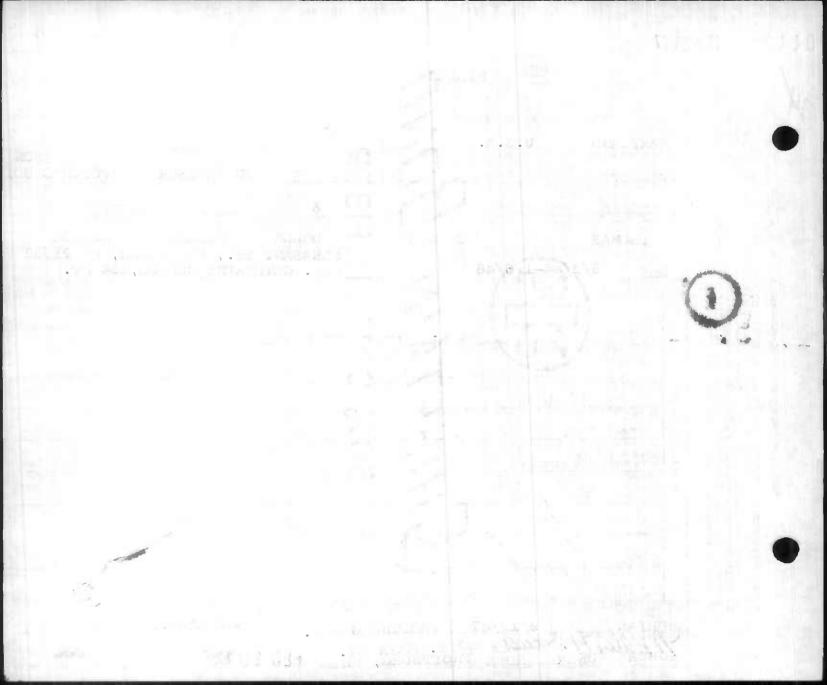
CULL BORES 60

FROSTBURG

FUNERAL HOME

**DHMH - 17** 

(VR A15 ME (5))



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban pages. Pages 1 Bhd 2 shadid be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

4 2 0 0

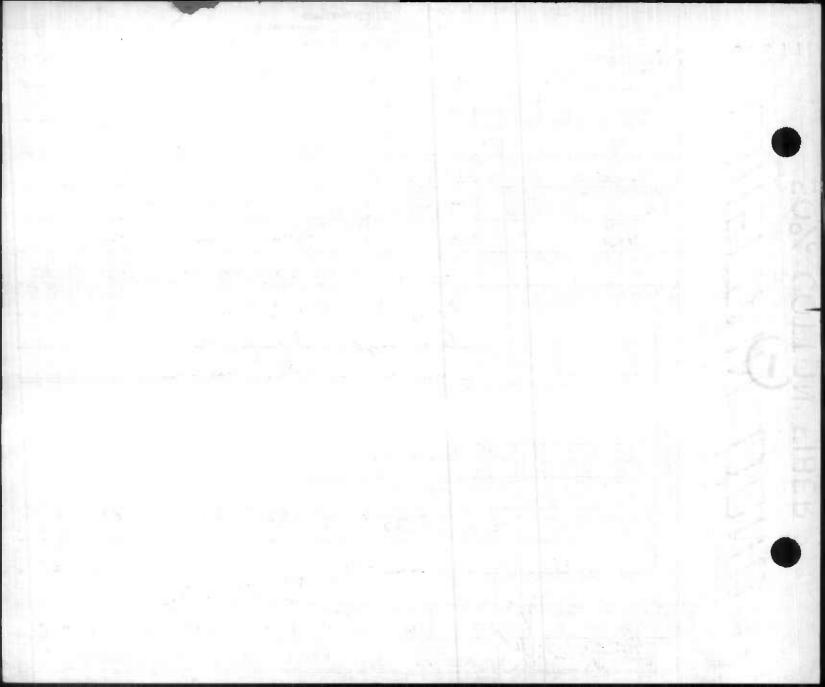
## STATE OF MARYLAND DEPARTMENT OF HEALT CERTIFICA

W	MKIL	ANU		
H	AND	MENTAL	HYGIENE	0
TE.	OF	DEATH		O

FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	IENE 8 /	0	3 3		9
1. DECEASED NAME	FIRST		WIDDLE	L	AST	20. DATE OF DEATH		DAY YEAR	2b HOU	9
(TYPE OR PRINT)	BERTH	Α	BLANCHE		COOK	Fohrmar	· 1	1007		T
3. SEX	BERTH	4 RACE	DEANCHE	5. DATE C		Februar		1907	AR IE UNDER	P. PARS
Fema le	1144		asian		21/1°902 YEAR	84		MONTHS DAT		WIN
To BIRTHPLACE (S	175 OD 5005 ICH		F WHAT COUNTRY		21/1302	9 BALTIMORE CITY	YRS OR COUN			
COUNTRY) PA	ATE ON POREIGN	US		MARRIE	D NEVER MARRIED					
10 CITY OR TOWN	DE DEATH			WIDOWE	DROTHER INSTITUTION	A.I.	legan		OF BUSINE	M
Cumber	land	(IF NOT IN S Met	uchfacility, give street morial Ho:	spital		Homemak	OE WORKING			
NOUAL RESIDENCE	13b COUN Alle	other institution ity	13c. CITY OR TOV	ne admissioni	13d Inside City Limits? YES 1 NO 1	Box 105/	2152	9		
14 FATHER'S NAME		MIDDLE	Cook LAST		IS MOTHER'S MAIDEN NA	Long		(1)	IAST	
160 WAS DECEASED			166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADD	RESS			
YES NO OR UNKNO	WN) (IE YES, GIV	E WAR OR DATES)	216-46-	8550	Gloria J. Ma	tthews, Bo	x 81,	Ellers	slie, l	MD
			CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO		GIVEN IN PART		0
RTIFIC						YES NOX	IN CER	TIFYING CAUS	NO [	H?
00.00.00.00.00.00	VAS UNDERLYING [ IG ] CAUSE OF DEA IFY MEDICAL EXAMINER	TH HOUR	OF INJURY A.M. MONTH D P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM T	8 PART I OR PART 2	?1	
#	WHILE IN NOT WHILE IN		21e PLACE OF INJURY (AT HOME STREET, FACTORY, DEFICE, EARM, ETC.)		211 LOCATION STREET CITY OR TO		TOWN	OWN COUNTY STATE		
saw the	220.1 certify that (I) (this hospital) attended the deceased from 19, 19, 19, 10, 10, 19, 19, 10, 10, 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10									
22b. SIGNATU	RE	0	DEGREE ATTENDING PHYSICIAN							2
22d PHYSICIA	N'S NAME ITYPE O	RPRINT)			22e. ADDRESS 441 N	Centre St	reet			
Dr	. William	n P. Ia	ames		The second secon	rland, MD				
230 BURIAL, CREMA		20 DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
(SPECIFY) Buri	al /_	12/94	87 S	unset	Memorial Park	Cumbe	rland	I, Alleg	gany,	MD
Har ve v	W. Zeidl	er. Hy	ndman, PA	155	CEDIOO	E REC'D. BY REGISTRA	R 25b REG		IATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



7 15					TE OF BIRTH
5 15		11/0-12	whi.	te 1	May 1 1904
011199		IRTHPLACE (SLATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHI	MAF	RIED NEVER MARRIED DIVORCED DI
101	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOA	NE OR OTHER INSTITUTION
8 1 1		Cimpo & long			
AND 21	134	AL RESIDENCE (IF NURSING HOME OR TATE)		RESIDENCE REFORE ADMISSINGLY OR TOWN	13d INSIDECITY LIMITS?
MARY.	19	ather's name served	MIDDLE	Cook	15. MOTHER'S MAIDEN N
BALTIMORE, MARYLAND Cote to secured within 24 sport, Poper 1 and 2 chould not, if the medical populary fills ord.		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 E WAR OR DATES)	05-09-707	D. 17 INFORMANT
3 4 2 1 2 2 2 2		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	y ane cause per line D BY: E CAUSE (a)	Jar (a), (b), and ic	're Heart
PRESTON ST he death with move corbon marties, or rem		Conditions, if any, which	DUE TO, OR AS	PCONSEQUENCE O	Failure
W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE O	F
ORDS, 201 requires the requires the requires the rempleas return pleas	NOI	PART 2. OTHER SIGNIFICANT C	abetes	Mell	BUT NOT RELATED TO THE TER
At RECO	THEATION	19a DATE OF OPERATION	19b. CONDITION	N FOR WHICH OPERA	TION WAS PERFORMED
OF VIT	CAL CERT	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		MONTH DAY YE	AR 21¢ HOW INJURY OCCU
DIVISION OF VITAL RECORDS, NG PHYSICIAN; The law requir of after this certificate has been sig on the buriof-transit permit. Then the and Mental Hygiene provision ocked as the 18 shows ony injury	MEDICAL	21d INJURY OCCURRED	21e PLACE OF II	NJURY ACTORY, OFFICE, FARM, ETC	211 LOCATION STREET
TTENDRA STOR AL For use of all Health		22a.1 certify that (1) (this hospit saw the deceosed alive on abaye, (1) (wa) (did) (did not	2-9	19 8/2	, and that in (my) (aur) apinia
At Off A At Off A At DREEd off security of the best of		226. SIGNATURE J.	Juve	rood	DEGREE  ATTENDING PHYSICIAN
FUNES SALAN		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	U	22e ADDRESS
		200			
01011		BURIAL, GREMATION, REMOVAL	236 DATE		I BMG 912 S

	BOALS FUNERAL HOME STATE OF MARYLAND	
044331 FEB	1 - STATE 111 CHURCH STREET DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO. 0 3	5 5 0
. 77	LAST 17 DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YES	2b HOUR
40.0	JESSE WILSON COOK FEBRUARY 9, 1987	8:03_A
age 4 mo	1 SEX Male AGE (IN YEARS LAST BIRTHDAY) IF UNDER IN MONTHS 6	
0 1 10 1/2	BIRTHPLACE (STATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED NOT COUNTY OF DEATH WIDOWED DIVORCED ALLEGAN Y COUNTY	MD.
- HO1 1/2	(IF NOT INCULTED UND STORE THEFT OPERESS OF TAIL	ID OF BUSINESS OR TRY
AND 217	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  134 COLY OR TOWN  134 INSIDECITY LIMITS?  136 STREET ADDRESSY ZIP CODE	Keysel 9
MARY,	ATHER'S NAME FIRST A MUCH MODIE  MODIE  MODIE  MODIE  MODIE  15. MOTHER'S MAIDEN NAME  WITH CONTROL MODIE  BY CONTROL MO	LAST
Linose.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. UFFORMANT ADDRESS (18 YES, GIVE WAR OR DATES) 705-09-707 MOTO WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. UFFORMANT LYSS OF WAR OR DATES)	). Va
N ST., BAL	IMMEDIATE CAUSE (a) CONGEST RE HEART FOILURE &	PROXIMATE INTERVAL FEN ONSET AND DEATH
the death the attent remove co	Conditions, if any, which gove rise to immediate couse to), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	YRS
W that had by	underlying cause last. (c)	
MDS, 20 requires Them pl to to to to	PART 2. OTHER SIGNECANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART OF THE PROPERTY OF THE PROPERTY OF THE PART 2. OTHER SIGNECANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART OF THE	ī lia
At RECC	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FIN CERTIFYING CAU	NDINGS USED ISES OF DEATH?
ICLAN 9 Physics restlications ental thy	YES YES YES OF CONTRIBUTING CAUSE OF DEATH    BE ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19	2)
NVISION offending the this os the but	OR CONTRIBUTING CASE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  AT WORK  NOT WHILE   NOT WHILE   AT WORK  AT WORK  AT WORK  AT WORK  AT WORK  COUNTY	STATE
TTENDS print or TIDE A for set of all Health	27a. I certify that (1) (this hospital) ottended the deceased from	the causes stated
At OR A vibe house Delite denoched denoched une Dept uf if it is not to the unit is not		ATE SIGNED
O HOSPIT. TO FUNERAL T	22d. PHYSICIAN'S NAME (149E OR PRINT) 22e ADDRESS	
01 01 1	BMG 912 SETON DRIVE, CUMBERIAND 230 BURIAL GREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 234 LOCATION	MD 21502
99998P7	(SPECIETY) BUSHAL 2-12/87 QUEENS POINT VERTOWN MCOUNTY	19/01 x
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR WORTH BETTE WESTERN DIF MID FEBRERS BY REGISTRAR'S SIGN	ATURE

Ten I am South Market Smith Stranger A TERMAN All will be the

r Coal Foutz Md. Rose Nolan Apt. 11, Railroad St, Midland APPROXIMATE INTERVAL BETAVEEN ONSET AND DEATH hours PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 27c DATE SIGNED Cumberland, MD 21502 Burial 2-10-87 St. Josephs Cemetery Midland, Allegany, Lichhorn Long coning Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b HOUR

126 KIND OF BUSINESS OR

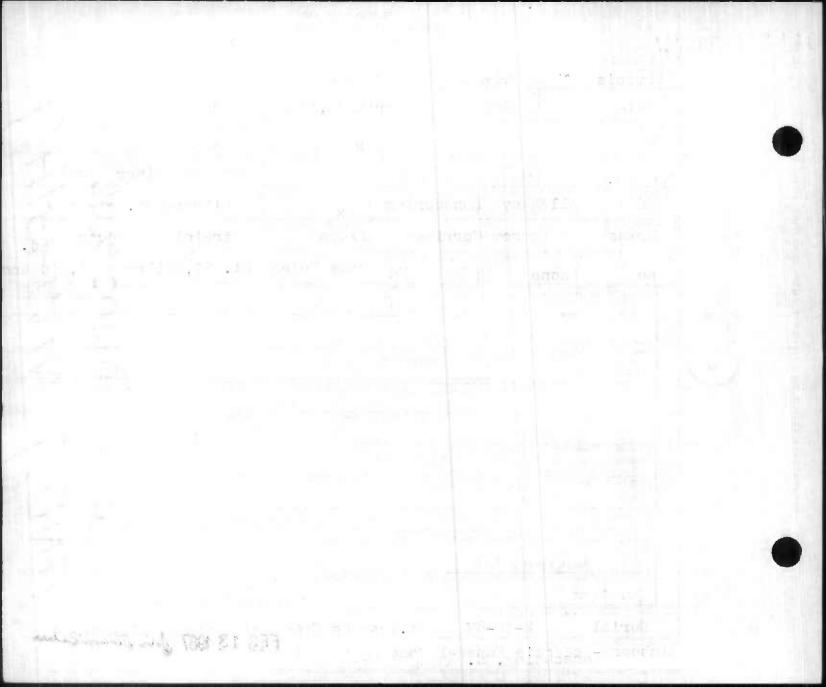
IF UNDER I YEAR

1:10 PM

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE



requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or offending physician.

by the funeral director, page 3 led within 72 hours offer death

Hd be f filled

and comp executed

Pages 1 medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending shystical should be detached for use as the burial-transit permit. Then please remove cárbólapapaets, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

may be

within 24 hours ofter death. Page

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			-		28
8	7	0	3	0	C
9	REG NO.				

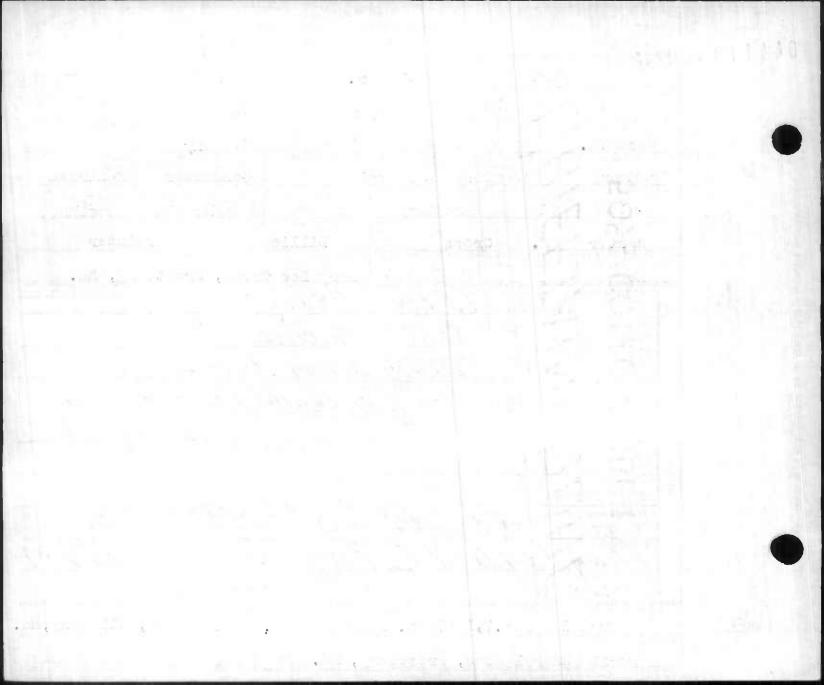
1.	FOR - STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE 8 7 REG. NO.	3 3	5 2	
L DP	CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	25 HOUR	
(TYP)	Gler	nn H Cro	-	r.	2/5/87		11:45A~	
3 SE		4. RACE	5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
	Male	White	8/	25/13 YEAR	73 <sub>YR</sub>		HOURS MIN.	
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARDICO	NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH		
	West Va.	United States	WIDOWE	,,	Allegany		MD	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTION	120. USUAL OCCUPATION		F BUSINESS OR	
	restburg	Frostburg Comm	. Hopp	ital	Conductor.	Rail:	road	
	AL RESIDENCE IN NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DDE 215	722	
	Maryland All	eq Frostbu		YES NO	1 Kaylor Circ		burg. M	
	ATHER'S NAME			15. MOTHER'S MAIDEN NAM	ME			
	Baxter F	MIDDLE Cross		Lillie	MIDDLE	Painter	1	
16n \	WAS DECEASED EVER IN U.S. AR		IRITY NO	17 INFORMANT	ADDRESS	alliou		
	(YES, NO OR UNKNOWN) (IF YES, GIV	704 10 8			771	36	3	
	No	1704 10 8	0400	Mary Lee	ross, Frosti			
	BETWEEN	MATE INTERVAL ONSET AND DEATH						
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ery	artery 1	differel INAL INAL DISEASE OR CONDITION	CIVEN IN PART 1		
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WIND TRELATED TO THE TERMINAL DISEASE OR CONDITIONS IVEN  OF THE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WIND TRELATED TO THE TERMINAL DISEASE OR CONDITIONS IVEN  OF THE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WIND TRELATED TO THE TERMINAL DISEASE OR CONDITIONS IVEN  OF THE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WIND TRELATED TO THE TERMINAL DISEASE OR CONDITIONS IVEN  OF THE PART 2 OTHER SIGNIFICANT CONTRIBUTING TO DEATH WIND TRELATED TO THE TERMINAL DISEASE OR CONDITIONS IVEN  OF THE PART 2 OTHER SIGNIFICANT CONTRIBUTION							
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	EPERATION	N WAS PERFORMED		YES, WERE FINDER TIFYING CAUSES		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)		
Š	(IF EITHER, NOTIFY MEDICAL EXAMINER		19	ZII. LOCATION				
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE	
	AT TOM	tal) extended the deceased from	116	1 - 10 8	1 Teb-5	100 7	that (I) (we) las	
	sow the deceased plive on		(1)	d that in (my) (our) apinion o	death occurred on the date and	/		
	above/III (we) (did) (did no	if) view the body after death.	1/	DEGREE		22c DATE		
d.	22b. SIGNATURE	Uflex A			MEDICAL STAFF DIRECTOR   PHYSICIAN	Tref	6.81	
1	22d. PHYSICIAN S NAME (TYPE O	x regel		22e ADDRESS			-	
	Dr. Chang 0	06/		48 Tarn	Terrace, Frostl	ourg, MD		
	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial	Feb.7,1987 S	t. Po	tricks Cem.	Cumberland	. Alles	any M	
24 E	LINERAL DIRECTOR	1 0 0 0 1 1 2 7 0 1 1	0 8 20		E DEC'D BY DECISIDADISH DEC			

Md.

Durst Funeral Home, Frostburg,

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2'20'	ITAL OF ATTENDING PROSICIAN. The province that the death certificate be executed within 24 hours offer death. Page 4 may be by the halontal or attending physician.	Eat DRECTOR After the certifications are signed by the ottending physician and completely filted in by the Lorent director, page 3 detected for use as the buriot from person from the death.
•	TAL C	RAL D

DHMH-36

04405

		CEASED NAME	FIRST	MIDDLE	THEFT	LAST	20 DATE OF DEATH		YEAR 2	2b HC
	1.114	. OR PRINT)	JACK	DEMPSEY	Y	CROUSE	FEBRUAR	Y 2,	1987	2:
	3 SEX			4 RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UP		IF UND
		Male		White		ept. 13 1923	63	YRS.		
3	Wé	RTHPLACE (STATE OF COUNTRY) Virgin	nia	U.S.A.	MAI	RRIED XX NEVER MARRIED DIVORCED DIVORCED	9. BALTIMORE CITY O		DEATH	
52	100	umberland	EATH	SACRED THEA		TTAL	120 USUAL OCCUPATION OF COMMON CONTROL Laborer	F WORKING LIFE)	NOUSTRY Koppers	
23	HSU/	AL RESIDENCE (IF NO STATE WV	Hamps		or town	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		99	19
7/9	19/FA	ATHER'S NAME Clinto		AIDDLE .	use	15 MOTHER'S MAIDEN NAM Lillian	ME Mod	Bac	ckaus	
3		NAS DECEASED EVE YES, NO OR UNKNOWN) NO			SO1919	Ethel E. Cro	addri use, P.O. B		reensp	ri
omer mounous eve		Conditions, if ar gave rise to it couse (a), star underlying cau	ny, which mmediate ting the	DUE TO, OR AS A CO	onsequence c	puning u	mg Cane	er .		
and white or other traumons eve	ICATION	gave rise to in couse (a), sta underlying cau	ny, which mmediate ting the sse last	DUE TO, OR AS A CO	ONSEQUENCE CONSEQUENCE CO	of primary le	mg Cane	DITION GIVEN I	ERE FINDING	
The state of the s	ERTIFICATION	gave rise to it couse (a), sta underlying cau PART 2 OTHER SIG	ny, which mmediate ting the se last	DUE TO, OR AS A CO	ONSEQUENCE CONSEQUENCE CONSEQU	DF PUMLY UDF BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON  200 AUTOPSY?  YES   NO	DITION GIVEN I	ERE FINDING G CAUSES OF	F DE
The second of th	AL CERTIFICATION	gave rise to it couse (a), sta underlying cau  PART 2 OTHER SIG  190 DATE OF OPER  210, ACCIDENT WAS U OR CONTRIBUTING	ny, which mmediate fing the see last GNIFICANT C	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  ONDITIONS CONTRIBUT  19b. CONDITION FOI  21b. TIME OF INJURY HOUR A.M. MOI	ONSEQUENCE CONSEQUENCE CONSEQU	DE BUT NOT RELATED TO THE TERM ATION WAS PERFORMED  EAR 21c HOW INJURY OCCURE	INAL DISEASE OR CON  200 AUTOPSY?  YES   NO	DITION GIVEN I	ERE FINDING G CAUSES OF	F DE
to any mighty of other fromotic eve	MEDICAL CERTIFICATION	gave rise to it couse (a), sta underlying cau underlying cau  PART 2 OTHER SIG  19a DATE OF OPER  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING LIFETHER NOTIFY ME  21d. INJURY OCCU	iny, which immediate thing the see last GNIFICANT C	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  ONDITIONS CONTRIBUT  19b. CONDITION FOI	ONSEQUENCE CONSEQUENCE CONSEQU	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED  21c HOW INJURY OCCURE 19	INAL DISEASE OR CON  200 AUTOPSY?  YES   NO	DITION GIVEN I  20b. IF YES, WI IN CERTIFY INC YES [ RY IN ITEM 18 PART 1	ERE FINDING G CAUSES OF	
And the state of t		gave rise to it couse (a), sta underlying cau underlying cau.  PART 2 OTHER SIGNATURE OF OPER  21a. ACCIDENT WAS UNDERLYING FROM THE CONTRIBUTING FROM THE CONTRIBUTION OF COUNTRIBUTION OF COUNT	INTERIOR CALLED	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  ONDITIONS CONTRIBUT  19b. CONDITION FOIL  11b. TIME OF INJURY HOUR A.M. MOIL  P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTOR	ONSEQUENCE CONSEQUENCE CONSEQU	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED  21c HOW INJURY OCCURE 19	INAL DISEASE OR CON  200 AUTOPSY?  YES NO CHERNATURE OF INJU  CITY OR TO	20b. IF YES, WI IN CERTIFY INC YES [ RY IN ITEM 18 PART 1	ERE FINDING G CAUSES OF OR PART 2) COUNTY	NO NO
ment of the month of the manual manua		gave rise to it couse (a), sta underlying cau underlying cau.  PART 2 OTHER SIGNATURE OF OPER  21a. ACCIDENT WAS UNDERLYING FROM THE CONTRIBUTING FROM THE CONTRIBUTION OF COUNTRIBUTION OF COUNT	INTERIOR CALLED	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  ONDITIONS CONTRIBUT  19b. CONDITION FOI  19b. TIME OF INJURY HOUR A.M. MOI P.M.  21e PLACE OF INJUR (AT HOME STREET, FACTOR	ONSEQUENCE CONSEQUENCE CONSEQU	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED  EAR 19 216 HOW INJURY OCCURR STREET 19 217 218 LOCATION STREET	INAL DISEASE OR CON  200 AUTOPSY?  YES NO CHERNATURE OF INJU  CITY OR TO	DITION GIVEN I  20b. IF YES, WI IN CERTIFYING YES  RY IN ITEM 18 PART 1	ERE FINDING G CAUSES OF OR PART 2) COUNTY	NO NO
Contract and the second of the		gave rise to it couse (a), sto underlying cau  PART 2 OTHER SIG  190 DATE OF OPER  210. ACCIDENT WAS U OR CONTRIBUTING [IF EITHER NOTIFY ME 21d. INJURY OCCU  WHILE AL WORR ALW  220.1 certify that I saw the decedabove, (1) (we)	INTERIOR CATED THE PROPERTY OF	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  ONDITIONS CONTRIBUT  19b. CONDITION FOIL  19b. CONTRIBUT  19b. CONTRIBUT  19b. CONTRIBUT  19b. CONTRIBUT  19b. CONTRIBUT  19b. CONTRIBUT  10b. CONTRIBUT  10c.	ONSEQUENCE CONSEQUENCE CONSEQU	BUT NOT RELATED TO THE TERM  ATION WAS PERFORMED  21c HOW INJURY OCCURR  19  21f LOCATION STREET  19  DEGREE  ATTENDING PHYSICIAN  12e ADDRESS	INAL DISEASE OR CON  200 AUTOPSY?  YES NO CHARACTURE OF INJU  CHY OR TO  death occurred an the di	DITION GIVEN I  20b. IF YES, WI IN CERTIFYING YES  RY IN ITEM 18 PART 1  WN  19  21c and hour and	COUNTY  COUNTY	at (I auses

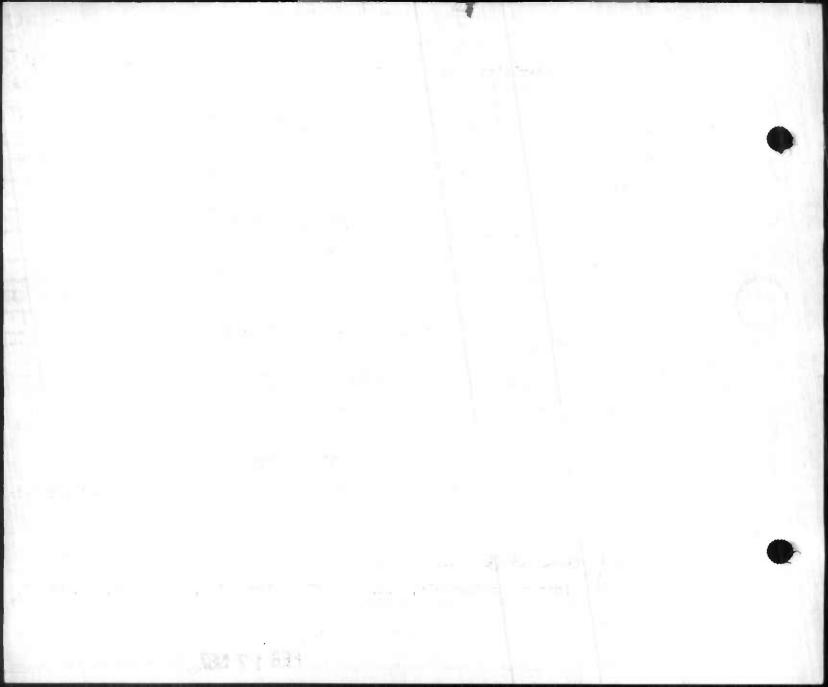
	le 4 moy be
•	frer deoth. Pog
LAND 21201	hin 24 hours o
IMORE, MARY	e executed wit
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.
201 W. PREST	es that the dea
AL RECORDS,	he low require
SION OF VITA	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or offending physicion.
INIG	ATTENDING tospital or off
	HOSPITAL OR
	To P

	1 -	HAFER FUNERA FOR 1302 NATIONA REGISTRAR LAYALE,	L HWY DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / 0 3 3 5 4
1 1 6 FEB 1	V DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
ge 3 eoth	(14hF	EDITH	MARION Geha	uf DAUBE	FEBRUARY 13,1987 11:10 M
mo)	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ge 4		Female	White	Sept. 12, 1910	76 YRS
P. P		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
God deoi		Maryland	USA	WIDOWED DIVORCED	ALLEGANY COUNTY MD.
53	(	TY OR TOWN OF DEATH Cumberland	SACRED HEAR!		126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)   Self-Emplyed   Restaurant
filled in could be			rother institution give residence before NTY 13c. CITY OR TOW	land YES NO X	13. STREET ADDRESS / ZIP CODE Apt. 1 949 Seton Drive / 21502
mpletely of Skinner	14. FA	ASA	Shanholtz	15. MOTHER'S MAIDEN NO.	and the same of th
nd co			MED FORCES? 166 SOCIAL SECU		ADDRESS
be es		No	217-03-	7619 David Geh	auf- LaVale, MD 21502
e deoth certificate e attending physic move carbon gram nation, or removed troumatic event, it			DBY: DE CAUSE (a)  DUE TO, OR AS A CONSEQU	rigense	She de Between Obset AND DEATH  And ship of the
s that the		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU		day
require	TION		Mute	rend f	MINAL DISEASE OR CONDITION GIVEN IN PART TO
The low	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES NO NO
GCIAN: g physic g physic ertificot iol-from entol Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)	HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART ?)
offending offer this of the burn ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM. ETC) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
ipital or STOR Alfor use of Healt		sow the deceased alive ar	ital) rattended the deceased from	7, and that in (my) (aur) apinion	death occurred an the date and have and from the causes stated
SPITAL OR A d by the hos NERAL DIREC be detoched e State Dept. TANT. If them		226. SIGNATURE  226. PHYSICIAN'S NAME (TYPE O	me i	DEGREE  ATTENDING PHYSICIAN**  172e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN   270 DATESIGNED
etained etained TO FUN should b with the	-	RENATO ESPI	NA, M.D.	907 SETON	DRIVE CUMBERLAND, MD. 21502
5 € 5 € 3 ₹1	23a E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION
BP		Burial	Feb. 16, 1987 G	reenmount Ceme.	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	JNERAL DIRECTOR  NAME OF THE STATE OF THE ST	efer, Jr. Lav		TERECO. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

STREET WATERLINE TO X The part of the section of the secti TOTAL VISIAL MARKET TARE AND LINE LANGUE AND CONTRACTORS 

		1	FOR			PARTA	STAT MENT OF H		AND MI		TYGIEN	IF.	~	10070	7 .	
441	30 EER 1		STATE REGISTRAR				XAMINE				>	4	REG. NO	5	0 3	3
	, J J ILD I	1. DE	CEASED NAME	FIRST		MIDDLE	-		LAST			20. DATE KI	252575	MONTH	187 YEAR	BHAM
	ASE. C. S.				narlotte	Mae	Dawso					DEATH A	NATED	~/ (/	19	PM
	SY, PLE DIRECT DUR FILL NO STRE	3. SE:	emale	White	5. DATE OF BIRTH MONTH DAY 07-03-1	924	6. AGE I'M YEAR LAST BIRTHDAY 62 YRS	MONTH		IF UNDER	MIN.	PRONOUNC DEAD	ED	2/7	19 8°	20 110011
	IS NECESSARY, PEASE E-EUNERAL DIRECTOR. E-S-FOR YOUR FILES. DO WINHIN 72 HOURS W. PRESTON STREET,	70. B	RTHPLACE (STA	TE OR	76. CITIZEN OF WH	AT COUN		MARRII	ED NE	VER MARR	pr-10	9 BALTIMO Alle	re city of egany	COUNTY	OFDEATH	AAD.
	SESENS.	11	TY OR TOWN O		II. NAME OF HOSI IIF NOT IN SUCH FAC MEMOT 1		RSING HOME, DSpital	OR OTH	R INSTITU	TION	12a USI FOR	JAL OCCUPA MOST OF WORKIN	TION (TYPE	OF WORK	26 KIND OF OR INDU	BUSINESS STRY MC
# \$25000 June 1/00			AL RESIDENCE IN TATE WV	TIN NURSING HOME OF	other institution Giveral	E RESIDENCE 134. CITY Wil	RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN  13d. INSIDE (1TY LIMITS?   130. STREET ADDRE  WILEY FORD  YES \( \sum \) NO \( \sum \) NONE/26			EET ADDRESS	RESS 99999			999		
	F. MD. 3	_	ATHER'S NAME FIRST  BOWMAN BARKLEY  WAS DECEASED EVER IN U.S. ARMED FORCES? FES. NO. OR UNKNOWN)  1 (IF YES, GIVE WAR OR DATES)  15 MOTH				15 MOTHE	R'S MAID	EN NAME		DLE		LAST			
	ATER DE NE PAGE NGES IN SION OF	16a. \	VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. ARM	NED FORCES?	166 SOC	IAL SECURITY		Mr. [	THAN		Dawson,	ADDRESS		nd, MD	- son
(	HOURS WMT. P.		18 CAUSE OF PARTIDEA		y ane couse per line BY: M E CAUSE (o)	tocak	DIAL IN	FARC	TION						APPROXIM	ATE INTERVAL SET AND DEATH
	AL RECORDS, 201 W. ESTON Y.  OULD BE EXECUTED WITHIN JEHOLD "PENDING" IN PENCIL IN TENT BIFF MEDICAL EXAMINER ALE MEDICAL EXAMINER ALE MEDICAL EXAMINER ALE MEDITH AND MENTAL HYGIEN JEHOLTH AND MENTAL HYGIEN JEACHEMATION, OR REMOVAL.	-	gave rise	, if ony, which to immediate toting the <u>under-</u>	DUE TO, OR	A	SEQUENCE OF	CLER	OTIC	HEAR	r dis	SEASE				
	EXECUTIONS IN THE PROPERTY OF	z	PART 2 OTHER SIGN	HIFICANT CONDITIONS C	ONTRIBUTING TO DEATH I	UT NOT RELA	TEO TO THE TERMIN	AL DISEASE	OR CONDITIO	N GIVEN IN PA	ART 1 (a).				<u></u>	
	DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "FENDING" RED TO THE CHIEF MEDICAL RES SHOULD BE USED AS A BUST E DEPARTMENT OF HEALTH AND ON PRIOR TO BUSTAL, CREMATING TO PRIOR TO BUSTAL, CREMATING TO THE STATE AND THE SHORT OF THE STATE AND THE S	CERTIFICATION	19a DATE OF C	PERATION	19b. CONDIT	ION FOR V	WHICH OPERA	TION W.	AS PERFOR	MED2					20 AUTOPS	v¥
	THE WOOLD BE COULD BE CALLED BE CALL		UNDERLYING	210 EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH PAY YEAR CONTRIBUTING CAUSE OF DEATH  210. TIME OF INJURY HOUR A.M. MONTH PAY YEAR CONTRIBUTING CAUSE OF DEATH  P.M. 276 87 19												
	DIVISION OF VIT.  THIS CETIFICATE SHE RWARDED TO THE CH RWARDED TO THE CH RWARDED TO THE CH RWARDED THE CH RAGE STATE DEPARTMENT OF 121201 PRIOR TO BUT	MEDICAL	214 IN ILIOY O		171e PLACE C	FINJURY	AT HOME,		Tey F	ordf		CITY OR TOWN	Mine	ral	lest V:	irginia
	MANER: TIFICATE BE FOR ECTOR: TH THE S		220 I certify death resulted	that I took charge	e of the remains desc	ribed oba	ve, held on Suic	Autops	y			Inquir X	[]	in my opii	10.10	
	DE SHOULD EX CONTENTS THE CER SHOULD FULL BRAIL DIR CER SHOULD FULL BRAIL WILL CER SHOULD FULL SHOULD	2	ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	IAME Glove	nni Mastr	ange:	lo, M.D		D			oral examination of the contract of the contra		DATE SIGNED		
00	G G G G G G G G G G G G G G G G G G G	23 o. B		ON, REMOVAL 23	02-10-19		AME OF CEM	ETERY O	RCREMATO		23d. LC	OCATION OR TOWN	Gap	Mine	Y	STATE
11	DHAMH 17 (VR A15 ME (5))	24 F	UNERAL DIRECT		ADDRESS					FEB	REC'D. B	Y REGISTRAR	25b REGIS	TRAR'S SI	GNATURE	



3026

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. N	10. C	3	Ų	5	0
TE O	EDEATH	MONTH	OAY	YEAR	25 HOLD	1

FASED NAME FIRST Mabel  Female  THPLACE (STATE OF FOREIGN DUNIRY) Md  Y OR TOWN OF DEATH DINACONING  L RESIDENCE (IF NURSING HOME OF ATEM)	RACE White 75. CITIZEN OF WHAT COUNTRY? USA 111. NAME OF HOSPITAL, NURSIN	5. DATE OF July  8. MARRIER WIDOWE	of BIRTH  7 1903  Never Married	Feb. 3, 6, AGE (IN YEARS LAST BIRI) 83	YRS. MONTH	NDER I YEAR	2b HOUR 3:1
THPLACE (STATE OF FOREIGN DUNITY) Md  Y OR TOWN OF DEATH DACONING	76. CITIZEN OF WHAT COUNTRY?	July  8.  MARRIEL  WIDOWE	7, 1903	83	YRS. MONTH	HS DAYS	
Y OR TOWN OF DEATH DINACONING	11. NAME OF HOSPITAL NURSIN	WIDOWE		9 BALTIMORE CITY O	R COUNTY OF	DEATH	
naconing	11. NAME OF HOSPITAL, NURSIN	NG HOME C		ALLE	gany		
ATEM 134 TO JU		goodfom	OR OTHER INSTITUTION	"Homemake	ON FMORKING LIFE) IN	NOUS PRO	me
	egany Lonator		136 INSIDE CITY LIMITS? YES MO	13e.STREET ADDRESS /	ZIP CODE	East	Mai 39
HER'S NAME Lexander	MDDLE Patton		15. MOTHER'S MAIDEN NAM	WE		Br	own
AS DECEASED EVER IN U.S. AR	war or dates) 219-714-		John Eichho				et,
	DUE TO, OR AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN I	N PART 110	,
90. DATE OF OPERATION			N WAS PERFORMED	200 AUTOPSY?		G CAUSES (	
OR CONTRIBUTING CAUSE OF DE	P,M.  21e. PLACE OF INJURY	19	211 LOCATION STREET				514
220.1 certify that (1) (this hosp sow the deceased alive or above. (1) (we) (did radia no 22b SIGNATURE	oi) view the body ofter deoth.	<u>87</u> , or	DEGREE  ATTENDING PHYSICIAN  278 ADDRESS	MEDICAL STAI	FF CIAN []	22c DATES	SIGNED
	18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o.l., stofting the underlying couse lost)  PART 2 OTHER SIGNIFICANT  OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  WHITE SOW THE DECEDIOR OF DEATH OF THE STORY O	S NO OR UNKNOWN)  NOSCHEWAR OR DATES)  18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), or PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEOU  Conditions, if ony, which gove rise to immediate couse [o], stating the underlying couse lost.  CON 101, stating the DUE TO, OR AS A CONSEOU  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  CON 101, CONDITION FOR WHICH  190. DATE OF OPERATION  190. CONDITION FOR WHICH  210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY HOUR A.M. MONTH D  P.M.  210. INJURY OCCURRED   210. PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE.  AT WORK   NOT WHITE   AI WORK  220. I certify that (I) (this hospital) attended the deceosed from sow the deceosed ollyworn 29. 29. 19. obové. (i) (we) tidd (did not) yiew the body ofter death.	S. NO OR UNKNOWN    NOTE: WAR OR DATES  219-74-6474   18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), ond (c).   PART I. DEATH WAS CAUSED BY:	NO OR UNKNOWN    NOTE   WAR OR DATES  219-74-6474   John Eichho   18 CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).   PART I. DEATH WAS CAUSED BY:	IN OR UNKNOWN)  NOOR WAR OR DATES)  19 - 14 - 04 14 John Eichhorn, Lona  18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONICOLOGY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONICOLOGY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONICOLOGY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONICOLOGY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONICOLOGY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONICOLOGY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONICOLOGY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONICOLOGY  PART 1. DEATH OF THE TERMINAL DISEASE OR CONICOLOGY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONICOLOGY  PART 1. DEATH OF THE TERMINAL DISEASE OR CONICOLOGY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONICOLOGY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONICOLOGY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONICOLOGY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONICOLOGY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONICOLOGY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONICOLOGY  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINA	IS CAUSE OF DEATH lenter only one couse per line for 101, (b), and IC.  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  OUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  (b)  DUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II  OR DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20b. AUTOPSY?  10b. EYES, WE IN CERTIFYING  YES  OR CONTRIBUTING CAUSE OF DEATH  (FEITHER NOTIFY MEDICAL EXAMINER)  21b. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M.  19  21c. HOW INJURY OCCURRED  AT WORK  AT STAFF  PHYSICIAN  THE DATE OF DEATH  DEGREE  ATTENDING MEDICAL STAFF  PHYSICIAN  ATTENDING MEDICAL  STAFF  PHYSICIAN  THE DIRECTOR PHYSICIAN  THE DEGREE  ATTENDING MEDICAL  STAFF  PHYSICIAN  TO RECTOR PHYSICIAN  ATTENDING MEDICAL  STAFF  PHYSICIAN  TO RECTOR PHYSICIAN  ATTENDING MEDICAL  STAFF  PHYSICIAN  TO RECTOR  ATTENDING MEDICAL  STAFF  PHYSICIAN  TO RECTOR  TO PHYSICIAN  TO RECTOR  ATTENDING MEDICAL  STAFF  PHYSICIAN  TO RECTOR  ATTENDING MEDICAL  STAFF  PHYSICIAN  TO RECTOR  TO RECTOR	ACCOMMENSION NOR UNKNOWN NOR DATES 199-74-6474 John Eichhorn, Lonaconing, Md.  NOR UNKNOWN NOR DATES 149-74-6474 John Eichhorn, Lonaconing, Md.  PART I. DEATH IEnter only one couse per line for 101, (b), and icc.  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a).  DUE TO, OR AS A CONSEQUENCE OF  OUSE 103, stoling the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 ACCIDENT WAS UNDERLYING 199. CONDITION FOR WHICH OPERATION WAS PERFORMED  190. ACCIDENT WAS UNDERLYING 100 AM. MONTH DAY YEAR 110. CONTRIBUTING CAUSES YES 100 AUTOPSY?  100. ACCIDENT WAS UNDERLYING 100 AM. MONTH DAY YEAR 110. CONTRIBUTING CAUSES YES 100 AUTOPSY?  110. THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 100 AUTOPSY?  110. ACCIDENT WAS UNDERLYING 100 AM. MONTH DAY YEAR 110. CONTRIBUTING CAUSES YES 100 AUTOPSY?  110. ACCIDENT WAS UNDERLYING 100 AM. MONTH DAY YEAR 110. AUTOPSY?  111. ACCIDENT WAS UNDERLYING 100 AM. MONTH DAY YEAR 110. AUTOPSY?  112. ACCIDENT WAS UNDERLYING 100 AM. MONTH DAY YEAR 110. AUTOPSY?  113. AUTOPSY 100 AUTOPSY 100 AUTOPSY?  114. AUTOPSY 100 AUTOPSY 100 AUTOPSY?  115. THE OF INJURY 100 AUTOPSY 100 AUTO

FEB 4

DHMH - 16 50M 4/83 (VRA 15, 4)

Eichhorn-McKenziemBoheral Home

BP.

depe 24- -- 27 journ glothern, concening, ... and the second second second second second

0432

ector, page 3

DADTMENT OF BEALTH AND MENTAL BY	
PARTMENT OF HEALTH AND MENTAL HY	GIEN

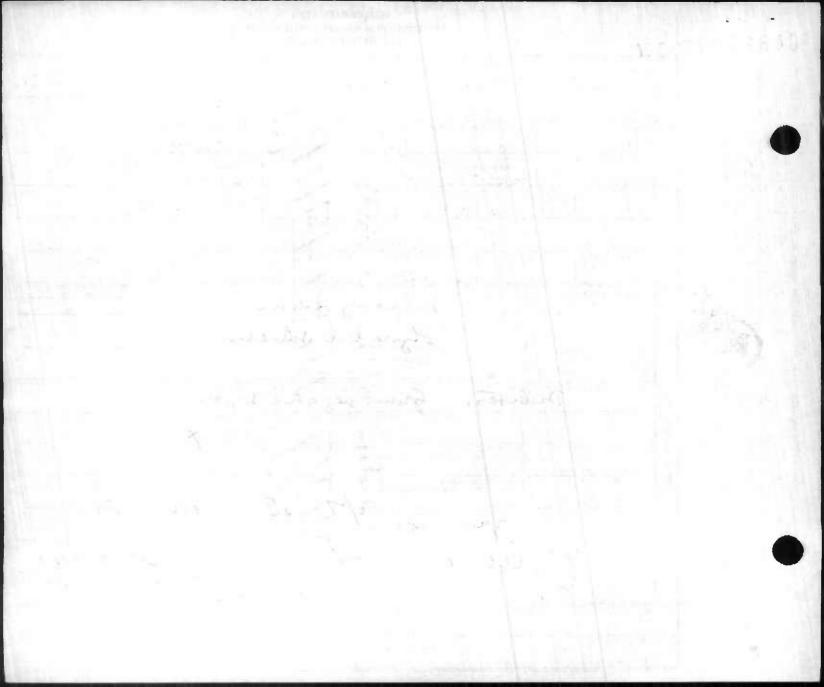
DE E 8

)	3	3	in the second	1

1.	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG	0 /	0 3	3	3 1	p <sup>3</sup>
10	U		AIDDLE		IAST	REG. N		YEAR	26 HOUR	
(TYP	CEASED NAME FIRST		nyllis		(ASI	20. DATE OF DEATH	MONTH DAT	TEAR		
	BETSY		P	EISEN	IBERG	February	2, 1987		9:55	PM
3 SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY) IF U	VDER I YEAR	IF UNDER 24 HOURS	
	Female		ite	Dec		72	YRS.	HS DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH		
Ma	arvland	U.S	. A.	WIDOWE		Allega	nv			MD
	ITY OR TOWN OF DEATH	11. NAME OF H		G HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION I	26. KIND O	F BUSINESS	SOR
	Cumberland		l Hospita			Housewi	fe.			
	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZID CODE			-
		legany	Cumber		YES IN NO		ne St.	215	0.2	
	ATHER'S NAME	regarry	Cumper.	Lanu	15. MOTHER'S MAIDEN NA	1 0 0 0 0 0	ne st.	210	102	
	FIRST	MIDDLE	LAST		FIRST	MIDDLE		1A5		
	Loraine		Eisenbe		Helen	- / T			daue	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	Me	Morial	Hosp	ital	- 3.7
	No -		214-05-8	366	Medical Red		mberlar	nd, M	ID	
	18 CAUSE OF DEATH (Enter of	only one cause per	line for (a), (b), and	dien				BETWEEN	MATE INTERVA	AL EATH
2	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Pw	lum	any redem	-				
13	IMMEDIA	ATE CAUSE (0)			0					
		DUE TO, OF	AS A CONSEQUE	NCE OF	and older	0.111				
	Conditions, if any, which gave rise to immediate	(b)	5.6	yria	the of the co	euce.				
	couse (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF						
	underlying cause last.	((c)								
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN							N PART 110	)	
CERTIFICATION		weetes	7	laun	0	Sevis				
18	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WI	ERE FINDIN	GS USED	2
1 =						YES NOW	YES T	]	NO I	•
1 8	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURE		URY IN ITEM 18 PART I	OR PART 2)		
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH DA	Y YEAR						
N	(IF EITHER NOTIFY MEDICAL EXAMIN			19						
MEDICAL	21d INJURY OCCURRED	21e. PLACE (	DF INJURY EET, FACTORY, OFFICE, FA	ARM FIC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STAI	.LE
2	AT WORK AT WORK				111 1		1	2		
	22a.1 certify that (1) (this has	oital) attended the	deceased from		U/ 10 8 7	10 -2/	100	11	that III (we	) Inst
	saw the deceased alive a	2/2	198	7	nd that in (my) (our) opinion (	death occurred on the c	date and hour one	d from the	couses state	ed
	obove, (1) (we) (did) (did n	ot) view the Vody	ofter death.		DEGREE			22c. DATE		
	ZZU. SIGINATURE	. 0	/		MA ATTENDING	MEDICAL STA	LEE /	ZZC. DATE	SIGNED	
	11 1	LU	W			DIRECTOR PHYSI		4	3/81	
	22d. PHYSICIAN'S NAME IT	DE PRINT)			22e ADDRESS Memor	ial Hospit	al Medic	21 Ce	nter	
	Dr. Sahet	a			Cumbe	rland, MD	21502	ar oc	incer	
23a	BURIAL, CREMATION, REMOVA	L 236 DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		-		_
	(SPECIFY) Burial	2/5/8				CITY OR TOWN	land Al	TOWNEY	STAT	TE
24 E					View Cemeter	E REC'D. BY REGISTRAI	land Al			D
	NAME LEAS!	ure-Ste	in Euner	ral 1	Home, Inc.F.	3 5 <b>1987</b>			0	
2:	30 Baltimore	Ave. C	umberlar	d. I	ND 21502	1001	Emila Da	יו עפטואיין	Randaes	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



693 FEB 1	197	FOR 58 Frost Average REGISTRAR Frostbury				EALTH AND MENTAL HYG ICATE OF DEATH	0 /	. NO.	3 0	3 3
		EASED NAME FIRST	0.	DOLE	L	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
poge 3	(ITYE	Ruth	CECII	JIA	FADI	ELEY	February	11, 1	987	3:30A M
s ofter o	3. SEX	emale	4 RACE Whi	te	S. DATE C	e. 27, 1912	6 AGE (IN YEARS LAS		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
72 hou		THPLACE (STATE OR FOREIGN	U.S.A		8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CIT			MD.
	Cu	y OR TOWN OF DEATH mberland	Sacred	Heart Ho	ospita	ROTHER INSTITUTION	School MC	BUSKING	12b. KIND C	OF BUSINESS OR
135	13a S		rett	Frostb	admission	13d. INSIDE CITY LIMITS?	BOXT 1948	s Fzieroz		d/21532
010	14. FA	Zack	WIDDLE	McKënz	ie	15 MOTHER'S MAIDEN NAME Sarah	ME MIDDL	E	Bro	wn
Phops Phops		AS DECEASED EVER IN U.S. AR S. NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATEST	66. SOCIAL SECUI 217289352		Dixie Geis		DRESS RC	oute, F	mostbur
d by the ottending pigners remove contact.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR .  (b) E  DUE TO, OR .  (c)	AS A CONSEQUE  AS A CONSEQUE	NCE OF	PIRATORY CHRONIC O		z Lui		
	NOIL	PART 2 OTHER SIGNIFICANTA CACHEX	AID	NEUM	DNI	4				
d and a	TIFICA	90 DATE OF OPERATION	196 CONDIT	ON FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERT	ES, WERE FINDI IFYING CAUSES YES []	
Aemtel Hyg	NCAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	AIN	. MONTH DA	Y YEAR	211. LOCATION	RED (ENTER NATURE OF	INJURY IN ITEM TE	PART TOR PART 2)	
of the state of th	ME	WHILE NOT WHILE AT WORK		T. FACTORY, OFFICE FA	ARM, ETC )	STREE!	CITYO	RIOWN	COUNTY	STATE
dector, A ed for use or of Heal em 21 is me		220.1 certify that (1) (this hospi saw the deceased alive on abave, (1) (we) (did) (did no 22b. SIGNATURE	TeB.	10 19	87 , ar	d that in (my) (aur) opinion operation				
RAL DO		S.Ca	ang	1	u.J	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PHY	STAFF YSICIAN []	2/	12/87
Poold by		Dr. Saturnin				27e ADDRESS Frostburg	Plaza, Fr	ostbui	g, MD 2	1532
pp pp	230 Bt	JRIAL, CREMATION, REMOVAL	23b. DATE 14	-1987 <sup>3</sup> J	ohns	WHER CEMENTER'S	23d OCATION	al G	arrett	Md AIE

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) John J. Hafer, Jr

Hafer Funeral Home

LaVale, Maryland

250 DATE REC'D. BY REGISTRAN 250, REGISTRAN'S SIGNATURE

larger temperal from STATE OF A STREET

Dr. Section Drug

Sanged Home Forgattal

117

The state of the second

Tobust 11, 11 vanish

Allegany Courts.

Frestburg M. u.s., Frantburg, M.D. 21535

	the de	The true	o paint	7	10 C
	24 haurs	filled in by	The second		⊌5U 13a.
	ted within	ompletely ond sh	examine		14, F.
	e be execu	tion and cars. Pages	he medica		166
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTINAND 21201	O MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs ofter decitioned by the haspital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fune hould be detoched for use as the burial-transit permit. Then please remove carban papers. Pages I dind 8 should be fred within with the State Dept. of Heolth and Mental Hygiene prior to burial, cremotian, ar removal.	MPORTANT: If them 21 is morked or them 18 shows any injury, or ather troumatic event, the medical extrainmentable	27	MEDICAL CERTIFICATION

(VRA 15, 4)

DURST FUNERAL HOME

3 14 h. U	1.0	REGISTRA FROSTBURG	, MD 21532	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		0	
5 FEB /		EASED NAME FIRST OR PRINT!	WIDDLE	t	AST	20 DATE OF DEATH	MONTH DAT	YEAR	26 HOUR
r death		JOSEP	H GERALD	FARRI	ELL	FE <b>B</b> RUARY			4:30A M
e d	3 SE		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS
urs af		Male	White	Apr.	11 4, 1903	83	YRS	100	HOURS MIN.
2 hod	7a BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE:	NEVER MARRIED	9 BALTIMORE CITY	DR COUNTY O	FDEATH	
To So		laryland	U.S.A.	WIDOWE	D DIVORCED	ALLEGANY			M
0	10 CI	Cumberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SACRED HEART HE	ADDRESS)		126 USUAL OCCUPAT	OF WORKING LIFE)	IZE KIND CO	road
filled in	13a, S	AL RESIDENCE (IF NURSING HOME O TATE 136 COUL Laryland All	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13, CITY OR TOW egany Mt Sa	ADMISSION) N Vage	134. INSIDE CITY LIMITS?	BOX 630	/ ZIP CODE Main	St.,	21545
Setely Sharing		THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA		1.78	LAS	1
			I. Farrel		Sue			ffer	
Pages 1		/AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES) 712-14-		L. Pearl	arrell,			Md.
hysicio papers aval. nt, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on ED BY:	d (c).1	11 1	1:			MATE INTERVAL
g bo			TE CAUSE (0) acute	- fr	acheronie	<i>U.</i> ,		-	days
carb o, ar			DUE TO, OR AS A CONSEQUE	and the same of	P 111			11	1
otte		Conditions, if ony, which gove rise to immediate	(b) Conge	lere	next fach	st.	_	T	heir
by the		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF	0				
n signed Then ple ta burio injury, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVEN	IN PART 1	0
has been prior ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, VIN CERTIFY!	NG CAUSES	OF DEATH?
ad-transi ntal Hygiem 18 sh	-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	I OR PART 2)	
s the burn and Mer	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
Aft se and month			nital) attended the deceased from_		. 19	, to			that (I) (we) las
or u		saw the deceased alive or	19		nd that in (my) (our) opinion		late and hour a		
REC per pt.		22b. SIGNATURE	ot) view the body ofter death.		DEGREE			22c. DATE	SIGNED
2007		Lem	15 ml	)	ATTENDING PHYSICIAN F	MEDICAL STA	AFF CIANIEZI	12-F	N-87
-1 to 0		22d. PHYSICIAN'S NAME PTYPE	OR PRINT)		22e ADDRESS	J DIRECTOR [ ] PHIS	CINIAR	101	7
ERAL Stote									
O FUNERAL hauld be det orth the State		GEORGE BREZA			912 SETON D		ERLAND,	MD21	502
			23b. DATE 23c 1		912 SETON E EMETERY OF CREMATORY Atricks Com.	23d LOCATION			

STATE OF MARYLAND

Array Principle Principle a the state of the state of ....U Drafty ( Cumbo Land PAREN I MY INCESTAL COURS DECK Nathernal AND STAND ALL COURS TO SEVER I SUPPLY SEVER STANDARD STAN the state of the s William I. Pand School School Par . Par . His. Bucket | Web. 1 Story St. of the date of the date.

Mary Purceyd Hono, Pronsier, Ild.

Feb. 10,87

Comac Grantsville, MD

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Grantsville Cemetery

20 DATE OF DEATH MONTH

CITY OR TOWN

Grantsville, Garrett,

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

7h HOUR

NEWMAN FUNERAL HOME

EIRST

- STATE

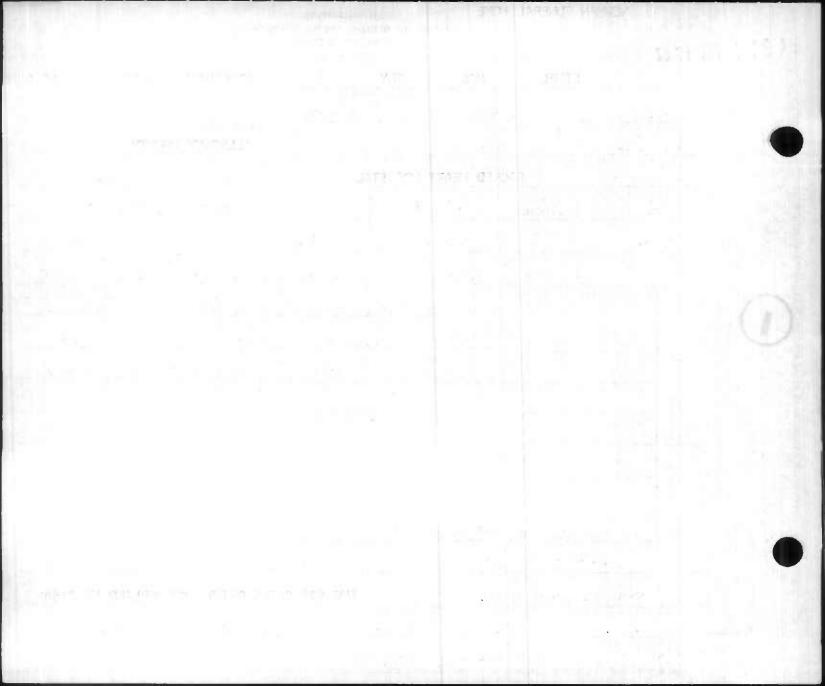
7 REGISTRAR

Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 .

471 MARI	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	3 , 6 1
	DECEASED NAME FIRST	WIDDLE	EAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deop 3	JAMES	CLARK	FRAZIER	FEBRUARY 28, 198	7/1
rs ofter p	Male	4 RACE White	5. DATE OF BIRTH  MONTH DAY YEAR  5 30 1908	78 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS
10.	BIRTHPLACE (STATE OR FOREIGN WV	76 CITIZEN OF WHAT COUNTRY? US	MARRIED NEVER MARRIED WIDOWED DIVORCED	Allegheny County	
3 /= /	CITY OR TOWN OF DEATH CUMBERLAND	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MEMORIAL HOSPIT		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE LABORET:	12b. KIND OF BUSINESS OR INDUSTRY Tree Co
13	SUAL RESIDENCE (IF NURSING HOME OF STATE  WV Hamp  FATHER'S NAME	other institution, give residence before ITY	N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE Rt. 6, Box 28B	99999
7/4	James	H. Frazie	r Elizabet	th Unknown	tAST
160	(YES, NO NONKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 214-05-8		Ford, 115 Everett	Pl, Romney, WV
Ose tempore corbonagge 1, cremption, or term of other traumatic		DUE TO, OR AS A CONSEQUE	NCE OF A	nemie	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nen ple ro burio injury, o		CONDITIONS CONTRIBUTING TO 1	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART Ito
8 shows ony injur	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
	OR CONTRIBUTION CAUSE OF DE	HOUR A.M. MONTH DA	YEAR 19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART   OR PART 2)
h and Mental	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, F	ARM, ETC.)  211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
detoched for use of the old of th	sow the deceased alive on	tol) attended the deceased from	, and that in (my) (our) opinion DEGREE	death occurred on the date and house	ond from the causes stated  12c. DATE SIGNED  3 2 57
should be de with the Stot	22d. PHYSICIAN'S NAME (TYPE C DR. ZAMAN	R PIV-417	MEMORIAL HOS	SPITAL MEDICAL	BUILDING 21502
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Chenezer Cemetery	23d LOCATION	shire WV

BP. DHMH - 16 60M 7/84

(VRA 15, 4)

74 FUNERAL DIRECTOR Keith S. Sh Shaffer, 230 E. Main St., Romney, WV

Ebenezer Cemetery

Romney Hampshi Hampshire

in the second of the second of

STATE	OF I	MARYL	AND
-------	------	-------	-----

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 CERTIFICATE OF DEATH

63	mp	- 3	ba
0	3	U	6

17 STATE REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH FIRST (TYPE OR PRINT) RUTH VIRGINIA February 11, 1987 FULLER D M AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX DATE OF BIRTH 08-21-1921 female white 65 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Allegany DIVORCED WIDOWED 120 USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Memorial Hospital staff employee Cumberland, Tire Co USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

13b. COUNTY

13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Allegany MD Cumberland 134 Oak Street/ YES K NO [ 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME Leonard J. Elizabeth M. Troxel. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-18-4136 jorie Sharon, Cumberland. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line force), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on\_ , and that in (my) (our) apinion death occurred an the date and have and from the causes stated obave, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT 77e ADDRESSMemorial Hospital Medical Building Cumberland, MD 21502 Dr. Qamar Zaman 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 60M 7/84

be deta e State [

d b

00

(VRA 15, 4)

Burial

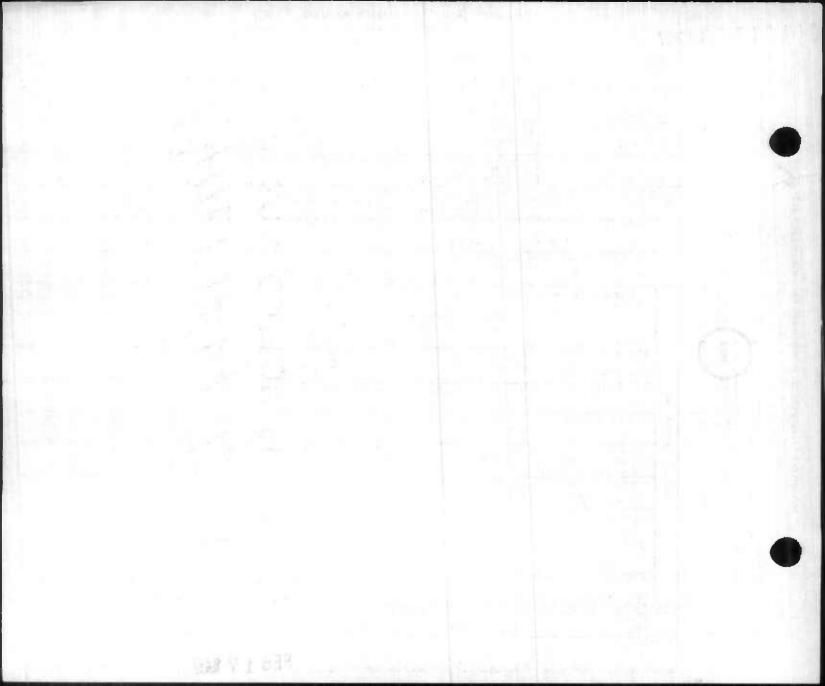
24 FUNERAL DIRECTOR

St. Marys Cemetery

CITY OF TOWN umberland

Allegany 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

James F. Scarpelli, Cumberland.



	1	Scarpelli F		STAT	E OF MARYLAND			, ,
20 550 10	11	FOR 108 Virginia	Ave DEP		EALTH AND MENTAL HY	GIENE 8	3	0 0
7 A LEG 12	07	REGISTRAR Cumberlan	d, MD 21502	CERTIF	ICATE OF DEATH	REG. NO		
		CEASED NAME FIRST	MIDDLE	ı	AST	28. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
poge 3		Leola	M .	Ger	leman	February 11,	1987	3:00A
0 0	3 SE	×	. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
ecto irs af		female	white	1.	1-24-1905	81 <sub>YRS</sub>		min.
P S	7a. B	RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUN	NTRY?	NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
e e		RTHPLACE (STATE OR FOREIGN 7 COUNTRY)	USA	WIDOWE	D DNORCED	Allegany Count	У.	MI
9 / E	10. C		1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126 KIND OF	BUSINESS OR
S S S		Cumberland	Sacred Heart	Hospita	1	ITYPE OF WORKING	Lau	inary
E T	13a.	AL RESIDENCE (IF NURSING HOME OF COUNTY	TY III CITY OF	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP_CO	DE	
		MD All	egany Cum	berland	YES X NO	13e.STREEL ADDRESS / ZIP.CO. 746 Marylai	nd Avenue	:/21502
1 1 1	14. E	ATHER'S NAME FIRST M	IDDLE LAS	51	15. MOTHER'S MAIDEN NA		tAST	
de la		James E	B. Norris		[	Bertha Aññë		
dical	16a \	WAS DECEASED EVER IN U.S. ARM	WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRESS		
Pa B		YES, NO PRUNKNOWN) (IF YES, GIVE	214054	542	Mr. John C.	. Gerdeman, Cumbe		
2475		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for (a), (	b), and (c).)			APPROXIM BETWEEN OI	NATE INTERVAL
1011			CAUSE (a)	stor nes	prosting as	2007		
and			DUE TO, OR AS A CON	SEQUENCE OF			1000	
Non.		Canditions, if any, which			my o constil	Infontin		
1111		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF		,		
	1	underlying cause last		money 6	Lectury Dusca	dang		
and and	1.	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G		
1	] 6	Severe 6	y non streme	-		Trate Infection	- Porto	
41189	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	IN CER	TES, WERE FINDING TIFYING CAUSES O YES []	GS USED OF DEATH?
Inficate I-transit all Hyg	- 1	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM TO		,,,,
of the state of th		OR CONTRIBUTING CAUSE OF DEAT		H DAY YEAR				
Men Men	MEDICAL	21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY		211. LOCATION			
s the h and rked a	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
S. Af		220.1 certify that (1) (this haspite	ol) attended the deceased (	fram	. 19	, to	, 19, th	hat (I) (we) las
for of H	1	saw the deceased alive an abave, (I) (we) (did) (did nat)	view the hady after death.	_19, ar	nd that in (my) (aur) apinior	death accurred on the date and h	our and from the cr	auses stated
lREG hed ept.		226. SIGNATURE			DEGREE		22c DATE S	IGNED
AL D letoc Tr. If I		J 928 H.	Ten ni		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		
2 2 2 7	1	224 PHYSICIAN'S NAME (TYPE OR	PRINT)	The second	22e ADDRESS			
PORT		Jesus Tan, M.	.D.		Frostburg	Plaza, Frostburg	MD 215	32
2418/	23a	BURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	, 80 213	
		Burial	02-14-1987	Sunset	Memorial Par	ck Cumberland	Allegany	STATE MD
14 4044 7 (0 4	24 F	UNERAL DIRECTOR			25a. DA	TE REC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNATU	IRE
- 16 60M 7/B4 RA 15, 4)		James F. Scarpel	lli. Cumberl	and MD (	21502 FE		burden A	and all
	-		J COMPONIA	ر الله والله	20/2			

Spered Beard Hospital

2140345

Janua San, M.S.

Frontiers, Piece, Front ver, 4: 21572

HUTA THE POINT

Address III The comments of th

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (\*)

	- STATE		CERTI	FICATE OF DEATH	REG. NO.	0 0 0	0 1
	L'DECEASED NAME FIRST	M	IDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	REBEC	CA	ANN GC	LDEN	February 22,	1987	D W
1	3. SEX	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		
	Female	White	Feb.		67	MONTHS DAYS	HOURS MIN.
-	To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V		ED NEVER MARRIED	9 BALTIMORE CITY OR CO		
	W. Va.	USA	WIDOW		Allegany		MD
i	10 CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HOME		120 USUAL OCCUPATION		OF BUSINESS OR
	Cumberland	Memor	ial Hospita		Housewife	Own I	
100	USUAL RESIDENCE (IF NURSING HOME ( 130. STATE 136 COL		GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE	
	MD All	egany	Cumberland	YES NO	Willow CT	21502	
,	14. FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME		AST
	George	Α.	Arbaugh	Lou	Emma	Penni	ngton
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
	No	IVE WAR OR DATES)	235-30-0478	Marvin L.	. Golden _C	umberla	nd, MD
	18 CAUSE OF DEATH (Enter t	only one couse per	ine touto a middle o	. / .	1	AFFRO	MENTE INTERVAL
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR	ASOV)	4 (1707)	ung		
		CONDITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1	lia
5	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDIT	ION FOR WHICH OPERATI	ON WAS PERFORMED		IF YES, WERE FIND CERTIFYING CAUSE YES []	
-		EAIR	M. MONTH DAY YEAR	3	RRED (ENTER NATURE OF INJURY IN IT	M 18 PART FOR PART 2)	
	GREGORINGUING CAUSE OF D	21e PLACE C	OF INJURY	211. LOCATION	AITY OR TOWN	COUNTY	STATE
	WHILE NOT WHILE D	TAT HOME SIRE	ET, PACIONT, OFFICE, PARM ET	161 00	1 6.1.00	80-	
	220.1 certify that I his has take the destaud of the above. (I) well state did 226. 51GN of URV	ani	granued from 19	DEGREE	, to	2 DAT	that (I) (we) last to causes stated
	22d PHYSICIA 4 5 NAME (1999	OR PRINT)		1330 ADDRESS		-	-
	Dr. Terry Wi	lliams		Memo	orial Hospital	1205. RIG	8.,
	230. BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	MD

Burial
24 FUNERAL DIRECTOR

23b. DATE

MD

William G. Kight Cumberland, MD

Cem Little Orleans Allegany

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MAR 0 2 1987 Julia Junian 1 Julia Sindy Po doce

Female Naite Poh. 14, 1920 67 u. va. usn Unaberland Homoutal Hospital Housewife Out House Allegany Camberland was millow CT 2150% George A. Arbauch Lou Emma Eurniuston Harvin L. Golden , Cumberland, 14

Durial Peb.25,1987Finov Flains dem. Little Orleans Allegens

William o. Kight Cumberland, No. 00 Maillin

DHMH - 16 60M 7/84 (VRA 15, 4)

Scarpelli

Cumberland

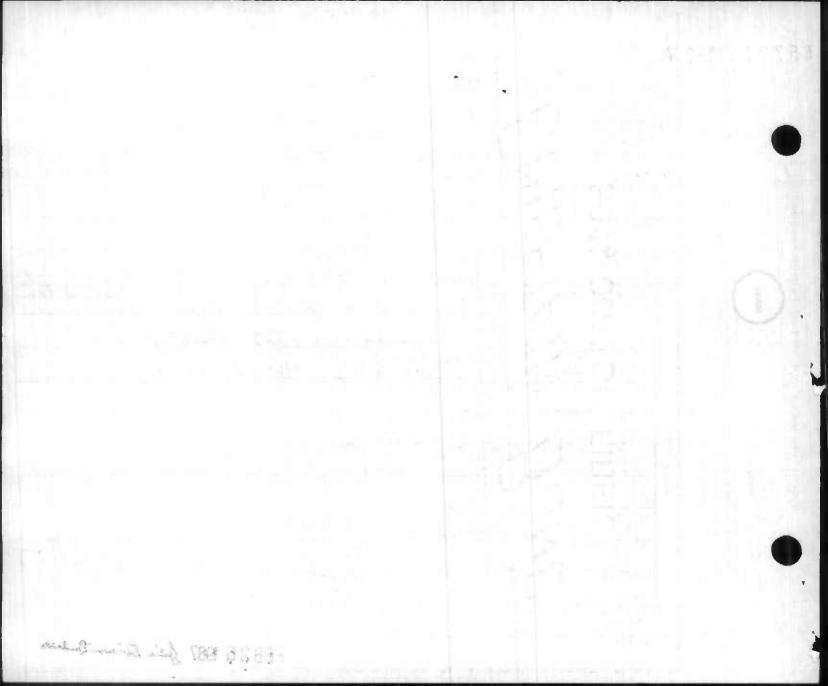
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	3	3	6	j	
N17 M	DAY	VEAD	Total Lice	NUB	

	1-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 PREG. NO.	3 3	6 3
		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	,,,,,	SAMUEL	LUTHER	GRA	Υ	FEBRUARY 23, 1	987	4:10A
	3 SEX	(	4. RACE	5. DATE C		6. AGE   IN YEARS LAST BIRTHDAY]	MONTHS DAYS	IF UNDER 24 HRS
		male	white	Modre	10-03-1914	72 YRS		
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH	
1		MD	USA	WIDOWE		Allegany		MD.
1	CUI	MBERLAND	MEMORIAL HOS	SPITAL SPITAL	OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING  OWNET	LIFEY INIDITISTRY	e & Sales Co
1	13a. S	AL RESIDENCE (IF NURSING HOME O TATE JS6 COU Han	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OF SPT 1	R TOWN Lngfield	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DE 9	9999
1	14. FA	THER'S NAME Edward	Gray	SI	15 MOTHER'S MAIDEN NA/	mette Süsan Twi	gg <sup>LAS</sup>	ī
5	16a W	VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GT	VE WAR OR DATES)	1. SECURITY NO.	Mrs. Elva C	ADDRESS . Gray, Springf	ield, WV	- wife
		18 CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI IMMEDIA  Canditians, if any, which gave rise to immediate cause Iai, stating the underlying cause lost	nly ane cause per line for (a),	VAN Q O SEQUENCE OF HEM ON	diner eners, a	Failme I bleat	APPROX BETWEEN	MAYE INTERVAL ONSEL AND DEATH
	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION  196 CONDITION FOR V			IN CER	GIVEN IN PART HE	NGS USED
1		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM T	8 PART   OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY.	OFFICE FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did a The SIGNA THE		, ar	DEGREE	, to		that (I) (we) last causes stated
		22d PHYSICIAN'S NAME (1)	parkers!		Memorsial Hos Cumberland,	A	/ '	3/8/
		SURIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	4016.7	STATE
	(	Burial	02-26-87	Davis M	emorial Cemet	erv Cumberland	_ Allega	
	24 FU	INERAL DIRECTOR		DRESS	25u. DAT			URE
		James F. Scarr			21502	B26 198/ guin	ISTRAR'S SIGN	West Land

MD 21502



AIRAM

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	- 6	lan	1
3	2	6	1
			ES

7	REGISTRAR		CERTI	FICALE OF DEATH	REG. NO.	POT
	CEASED NAME FELL	MODIE		TAST	TE DATE OF DEATH MONTH	DAY YEAR 75 HOUR
2144	JOSEPH	WADE	HAII	TOT:	ETCODITAGY A	1 1000 400 #
3.58		4. RACE		OF BIRTH	AGE (NEVERS) LAST BUTTONEY	1987 .455 A
	MALE	WHITE	WORK		70	HONTHS DAYS HOURS MINE
	IRTHPLACE TYTATE OF FOREIGN	7L CITIZEN OF WHAT COUN	TRY? 1		* BALTIMORE CITY OR COUNT	Y OF DEATH
	MARYLAND	U.S.A.	WIDOW	ED NEVER MARRED DIO	AND DE ADORDE	
IE.C	ITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NO	JISING HOME		The USUAL OCCUPATION	175 KIND OF BUSINESS OR
	GLEN BURNTE	AFORD THE ACTURE		DITIDAT	POSTAL EXAMINER	U.S. POSTOFFI
ersu		NORTH ARING OR OTHER INSTITUTION ONE RESIDENCE UNITY III. CITY OR	METCHE ADMISSIONO	PITAL		
100			BURNIE	YES NO X	210 PHELPS AVEN	
_	ATHER'S NAME			IS MOTHER'S MAIDEN NAM		NUE 21061
	JOSEPH RAYMO	ND HAUPT		FIRST	WATER TAR	DEFERENCE
remov	WAS DECEASED EVER IN U.S.		SECURITY NO.	ERMA	KATHERINE	PFIEFFER
	YES WWI	ONE WAR DEDATES:		WIFE		
-		10000	1.5966A	MRS, LILLIAN	A. HAUPT SAMI	E AS #13
	PART I. DEATH WAS CAU	only one couse per line R (a), If SED BY:	mrator	" ANT		RETWEEN CHOSET AND DEATH
	IMMEDI	ATE CAUSE (n)	The mon	Arren		2 00mg
		DUE TO, OR AS A CONS	EQUENCE OF	1 0		4.1
	Conditions, if any, which	1 as Ada	ranced	lune Cana	er	5 months
	gave rise to immediate couse (a), stating the	)		1		
	coute (o), stating the underlying couse last	DUE TO, OR AS A CONS	EQUENCE OF	0		
		(6)				
z	PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GO	VEN IN PART I:o:
CERTIFICATION	TALL DATE OF DEPARTMENT	Ton convenience	Charles and the same of the sa			
N.	1% DATE OF OPERATION	1%. CONDITION FOR W	HICH OPERATIO	IN WAS PERFORMED	70e. AUTOPSYT. 786. IF YE IN CERT	5, WERE FINDINGS USED FYING CAUSES OF DEATH?
E					and the second s	ES NO
	21st ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUME OF I	Street, Street	DAY YEAR	The HOW INJURY OCCURR	ED (ENTERNATURE OF HILIPY PATTERN IS	FIRT LOS FIRT (I)
CAL	LY SITHER, NOTHY MEDICAL EXAMP	THE RESERVE OF THE PARTY OF THE	19			
MEDICAL	214 INJURY OCCURRED	THE PLACE OF INJURY (AT HOME STREET, FACTORY, OF		211. LOCATION	cmydefdwn	COUNTY STATE
2	AT WORK	The HOME STREET, FACTORY, CA	PICE FAMILE I	1000	4111001000	
	27x I certify that (I) (this has	gital) attended the deceased for	om_ 1-	18 10 87	2-1	19 87 that th (we) last
	saw the deceased olive of	1-31	10 87 0	nd that in (my) (our) opinion a	feath occurred on the date and ha	
	72h SIGNATURE	not; view the body ofter death.	-	DEGREE	(40)	The DATE SIGNED
	-/-	ston		A IN ATTENDING	MEDICAL _ STAFF	Part Drait Stories
	THE PHYSICIAN'S NAME ITEM			The ADDRESS	DIRECTOR PHYSICIAN	
	224. FOT DICINOS DISPOSE 1101	CONTRINCI			O HOSPITAL DRIVE	SHITE 230
	LONG S. HS	THE RESERVE OF THE PARTY OF THE		GLEN RUD	NIE MADVIAND	21061
	BURIAL CREMATION, REMOVA	AL 236 DATE	TIL NAME OF C	EMETERY OR CREMATORY	ZIM TOCATION EST OF TOWN	COUNTY
3	BURIAL	FEB,4,1987	GLEN H	AVEN MEM. PARK		A.A. MD.
14. F	UNERAL DIRECTO	1/mson		75e DATE	REC'D. BY REGISTRAR 75h. REGIS	TRAR'S SIGNATURE
5		RAL HOME GLEN	BURNIE.	MD.21061 FEB	3 1987 Alia d	Teordoon-Rondness
_				A STATE OF THE PARTY OF THE PAR	DAM W	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR should be deteched for us with the Stote Dept. of He

IMPORTANT, If hem 21 is marked or hem

The grant of the sail James James Carrier 04678

1. DECEASED NAME

TYPE OR PRINT

CERTIFICATION

MEDICAL

FIRST

NELL LE

M

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	R
CERTIFICATE OF DEATH	V

STATE OF MARIEAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8
LAST 2- F	ATI

HOLLER

REG 1	10.				3		
20 DATE OF DEATH	MONTH 02	28	YEAR 87	20 HOL			
6. AGE   IN YEARS LAST BIRTHDAY			IE UNDER 1 YEAR		IE UNDER 24 HRS		
76		MONTHS	DAYS	HOURS	MIN.		

7 0 3 5 6

11221						02	28	8/	204	Ø <sub>p</sub>
3 SEX FEMALE	4 RACE	5. DATE OF BIRT			6. AGE	[ IN YEARS LAST BIRTHDAY]		ER 1 YEAR	IE UNDER	24 H
LEWALE	White	~08	24	10	76	YRS	MONIHS	DAYS	HOURS	M
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED			9. BALT	IMORE CITY OR COUN	TY OF DE	ATH		
Mariyland	U.S.A.,	WIDOWED		ORCED [	Al	legany				
CUMBERLAND EATH	11. NAME OF HOSPITAL, NURSIN JIF NOT IN SUCH EACHLITY, GIVE STREET MEMORIAL HOSPIT		HER INSTI	TUTION	(TYPE OF	UAL OCCUPATION WORK FOR MOST OF WORKING		KIND O DUSTRY Ham	F BUSIN	ESS

CUMBERLAND  11. NAME OF HOSPITAL, NURSING HOME O  JIF NOT IN SUCH EACHITY, GIVE STREET ADDRESS)  MEMORIAL HOSPITAL			OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	126 KIND OF BUSINESS OF INDUSTRY Home	
MARYLAND	ISING HOME OR OTHER INSTITUTION  136 COUNTY  ALLEGANY	GIVE RESIDENCE BEFORE ADMISSION) 13( CITY OR TOWN CRESAPTOWN	13d. INSIDE CITY LIMITS? YES C NO	13e STREET ADDRESS / ZIP CODE 14915 Howard /	21502	
14 FATHER'S NAME GEORGE	Grandful	Lee	15 MOTHER'S MAIDEN NA FIRST ANNA	ME May	George	
160 WAS DECEASED EVER	R IN U.S. ARMED FORCES?  (IF YES, GIVE-WAR OR DATES)	166 SOCIAL SECURITY NO. 217-10-5151	17 INFORMANT Gary Holler	ADDRESS BOX Cres	52 aptown, MD.	
	TH (Enter only one couse per WAS CAUSED BY: IMMEDIATE CAUSE (a)	General, (b), and (c).	nest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any gave rise to im couse (a), state underlying caus	y, which (b) imediate ing the DUE TO, O	R AS A CONSEQUENCE OF	Leut Dia	eur		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NOC YES [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR P.M

OR CONTRIBUTING CAUSE OF DEATH (IE EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21d INJURY OCCURRED 211. LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, EARM, ETC 1 WHILE NOT WHILE

220.1 certify that (1) (this hospital) ottended the deceased fram saw the deceased alive an 2 - 2 - 9 abave, (I) (we) (did) (did nat) view the bady after death. and that in (my) (our) apinion death occurred an the date and hour and from the causes stated

226. SIGNATURE 22c DATE SIGNED ATTENDING PHYSICIAN MEDICAL

22e ADDRESS ROBUSTIANO J BARRERA MEM HOSPITAL

MEDICAL BUILDING CUMBERLAND MD

PHYSICIAN

NO [

Burial 3-5-87 Dry Ridge Cemetery Dry Ridge, Pennsylvania

124 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 1250 DATE REC'D BY REGISTRAR'S SIGNATURE

202 Greene Street-Cumberland, MD 21502 MAR 0 9 1987 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

PORTANT

	1.	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENES TY D 3	1 1 6 9
9 3 7 FEB 23 87	111	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	, 0 0 ,
		CEASED NAME FIRST	WIDDLE	LAST	28. DATE OF DEATH MONTH DA	in the b. III
noy be poge 3		Sara	Elizabeth	Holliday	February 17.	1987 4:20 #
c	3. SE	x	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	S. F.OC (IN ICANO CASI SINITIONAL)	FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
ge 4 ector		Female	white	June 27, 1902	2 84 YRS. MC	34113
Por Por		RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
The section of the se	F	ennsylvania	U. S. A.	WIDOWED TO DIVORCED	Allegany	MD.
The state of the s	1	esternport		NG HOME OR OTHER INSTITUTION (FADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Railroad	126 KIND OF BUSINESS OR INDUSTRY Tele. Oper
24 hours	13a S	STATE 136 COUN			13e STREET ADDRESS	/ 21562
YLA rithin		ATHER'S NAME		15. MOTHER'S MAIDEN N		
MARYLAND red within 24 mod 2 should excomine mod	J	ohn W.	Gramlic Gramlic	h Christi	ne Ge	eary [AST
	16a V	WAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	ADDRESS	The live
BALTIMORE	(	YES, NO OR UNKNOWN) (IF YES, GIVE	216-09	-1276 George Me:	rling Frostbur	g, MD
ALTI pers.		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), or	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L., B phy npo mov vent		PART I. DEATH WAS CAUSE	TE CAUSE (0) CARDIO	RESPIRATOR.	1 FAILURE	
on reported or rep			DUE TO, OR AS A CONSEQU	1		7-11-11
PRESTON ne death of the office		Conditions, if ony, which	( b) BRAIN	U TUMOR		
W. PRI		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
301 ned plec uriol		PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(o)
RDS, r sug Ther r to b	N O	SEIZUR	E DISORDER			
IL RECORDS, one low required has been sign permit. There ene prior to be a power one prior to be a p	CERTIFICATION	190. DATE OF OPERATION		HOPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
VITA N: Th ysicio consit Hygiel 8 sho	W W	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	AY YEAR 21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT 1 OR PART 2)
Sicial ng ph	1 K	OR CONTRIBUTING CAUSE OF DEA	NIN .	19		
SION OF VI PHYSICIAN: ending phys this certifica the burial-fron ad Mental Hy d or Hempl 8	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF VITAL ING PHYSICIAN: The r oftending physician ther this certificate ho os the build-transit p os the build-transit os the day of the purity of	1 2	AT WORK NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	PARM, CIC.)		
		220.1 certify that (I) (this hospi	ital) attended the deceased from	DER.31 198	6,10 FeB. 17,1	9_ &_ /_, that (I) (we) lost
ATTEND ospitol ospitol of for use		saw the deceased alive on	FRB. 14 19	\$7., and that in (my) (our) opinio	n death occurred on the date and hour	and from the causes stated
the hos A the hos A tu DIREC etached te Dept.	П	276 SIGNATURE	Dagand	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	2/17/87
IOSPITA ned by FUNERA fild be di		224 PHYSICIAN'S NAME (TYPE O	IR PR INT)	22e ADDRESS		1 / / /
0 0 0 1 1 W	-	NIPAL COSTANTION PERSON	- T	NAME OF CONTROL OF THE	THE LOCATION	

DHMH-16 60M 1/73

(VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL Burial

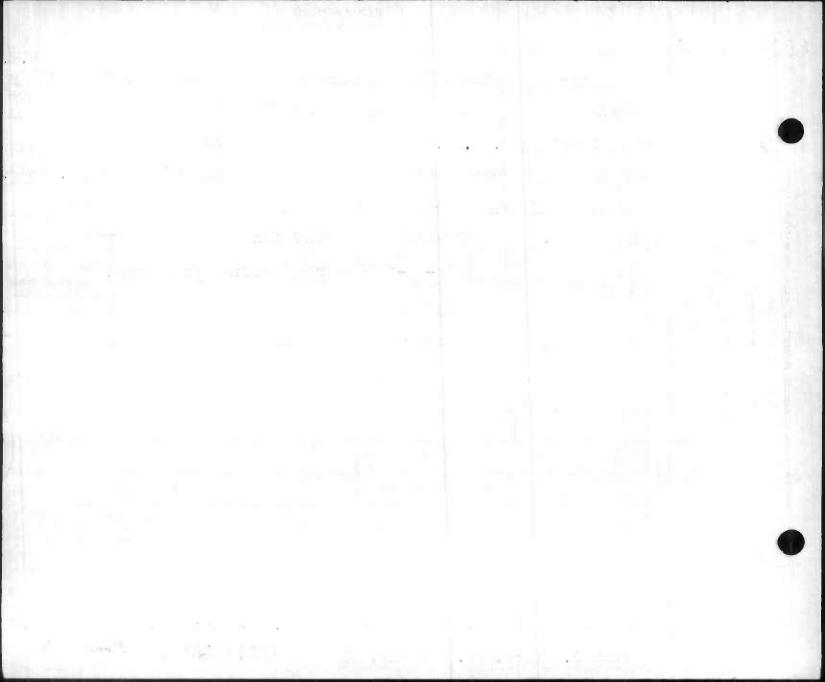
John J. Hafer, Jr. LaVale, MD

23b. DATE

231. NAME OF CEMETERY OR CREMATORY

Feb 20, 1987 Scottdale Ceme.

Scottdale, Westmoreland, R



FOR	DEP
STATE	5217

REGISTRAR

### STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

(3	7	0	2	- 2	7	17
0	1		V	W	1	U
	REG. NO.					

- 1		CIALL	FNF	PATRICIA	Н	OTT	FEBRUARY 1	7. 10	87		12:1	nn I
3	3. SEX	0 87 122	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B		IF UNDE	RIYEAR	IF UNDER	
	Female		White	2	Oct		40	YRS	MONTHS	DAYS	HOURS	AA IN.
7	To. BIRTHPLACE	STATE OR FOREIGN	76 CITIZEN	OF WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
X.	Maryland	t	U.S.A	١.	WIDOWE		ALLEGANY (	COUNTY	,			٨
T	II CITY OR TOW	OF DEATH		OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT	TION	12b.	KIND O	F BUSINI	ESS C
4	Cumberlo	ind		ED HEART H		AL	Homemake	r .		Home		
	USUAL RESIDENCE 13a. STATE	113b. CC	DUNTY			113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	)F	. 7		
7	Maryland	i Al	legany	Cumberla	and	YES 🔼 NO	13e.STREET ADDRESS 640 Bake	r Str	eet	/ 21	502	
1	14. FATHER'S NAM	NE .	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			LAST		
	Paul		Francis	Cline,	Sr.	Pauline	Pearl		P	hill	ips	
- 1	160 WAS DECEAS		ARMED FORCES	1		17 INFORMANT	ADDE					
1	No		-	218-48-9	9431	David S. Hott	: - Address	same	as	#13	abou	e.
	gove rise	, if any, which to immediate 1, stating the couse last	DUE TO	, OR AS A CONSEQUE	ENCE OF							
	gove rise couse (o underlying	to immediate 1, stating the couse last	(c),		DEATH BUT	NOT RELATED TO THE TERM ON WAS PERFORMED	20a AUTOPSY?	20h. IF YE	ES, WERE	FINDIN	IGS USE	
20	PART 2 OT 19a DATE O 21a. ACCIDE	to immediate 1, stating the couse last HER SIGNIFICAN F OPERATION	(c), NT CONDITIONS  19b. COI	CONTRIBUTING TO I	DEATH BUT		20a AUTOPSY?  YES NO	20b. IF YE	ES, WERE	FINDIN CAUSES	IGS USEI OF DE AT	
20	PART 2 OT 19a DATE O 21a. ACCIDE	to immediate ), stating the couse last  HER SIGNIFICAN	I 19b. COI	CONTRIBUTING TO I	DEATH BUT	21c. HOW INJURY OCCURI	20a AUTOPSY?  YES NO	20b. IF YE	ES, WERE	FINDIN CAUSES	IGS USEI OF DE AT	
2	PART 2 OT  PART 2 OT  19a DATE O  21a. ACCIDE  OR CONTRIBUE  21d. INJURY  WHILE  WHILE	to immediate  a stating the couse lost  HER SIGNIFICAN  F OPERATION  IT WAS UNDERLYING  IT WAS UNDERLYING  OCCURRED  NOT WHILE	19b. COI	CONTRIBUTING TO I	OPERATIO  AY YEAR  19	ON WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YE IN CERT Y	ES, WERE IFYING ( 'ES PART FOR	FINDIN CAUSES	IGS USE OF DE AT	
27"	PART 2 OT  PART 2 OT  19a DATE O  21a. ACCIDE  OR CONTRIBIL  (IF EILHER. P.  21d. INJURY  WHILE  AT WORK	to immediate l, stating the couse lost  HER SIGNIFICAN  F OPERATION  IT WAS UNDERLYING  OTHER CAUSE OF OTHER CAUSE OF OCCURRED  NOT WHITE AT WORK	19b. COI 19b. COI 19b. COI 19b. TIMI DEATH HOUR 1NER) 21e. PLA' (AT HOME	CONTRIBUTING TO I	OPERATIO  AY YEAR  19	21c. HOW INJURY OCCURI 21f. LOCATION STREET	200 AUTOPSY?  YES NO P	20b. IF YE IN CERT Y	ES, WERE IFYING ( 'ES PART FOR	PART 2)	IGS USEI OF DEAT NO	TH?
27	PART 2 OT Underlying  PART 2 OT Underlying  PART 2 OT Underlying  21a, ACCIDET  OR CONTRIBUTED  AT WORK  22a, Certiff  sow th	to immediate ), stating the couse lost  HER SIGNIFICAN  F OPERATION  IT WAS UNDERLYING  IT WAS UNDERLYING  CAUSE OF OTHER CAUSE OF OTHER WORK  OCCURRED  NOT WHITE AT WORK  y that (1) (this he e deceased alive	I 19b. COI  I 19b. COI  I 19b. COI  I 19b. TIMI HOUR  21b. TIMI HOUR 21c. PLA( AT HOME	CONTRIBUTING TO I	OPERATIO  AY YEAR  19  CARM, ETC.)	21c. HOW INJURY OCCURI	200 AUTOPSY? YES NO PER NATURE OF INJ	20b. IF YE IN CERT Y URY IN ITEM 18	ES, WERE IFYING ( 'ES   PARTIOR  CO	PART 2)	IGS USEI OF DE AT NO [	TH?
27	PART 2 OT Underlying  PART 2 OT Underlying  PART 2 OT Underlying  21a, ACCIDET  OR CONTRIBUTED  AT WORK  22a, Certiff  sow th	to immediate a stating the couse lost  HER SIGNIFICAN  F OPERATION  IT WAS UNDERLYING  ITING CAUSE OF  OCCURRED  NOT WHILE AI WORK  y that (1) (this he edeceased alive	19b. COI 19b. COI 19b. COI 19b. COI 19b. COI 19b. COI 21b. TIMI HOUR 10EATH 21c. PLA' (AT HOME	CONTRIBUTING TO I	OPERATIO  AY YEAR  19  FARM, ETC.)	216. HOW INJURY OCCUR!	200 AUTOPSY? YES NO PER NATURE OF INJ	20b. IF YE IN CERT Y URY IN ITEM 18	ES, WERE IFYING (ES PARTIOR	PART 2)	IGS USEI OF DE AI NO [	TH?
27"	PART 2 OT  PART 2 OT  19a DATE O  21a. ACCIDE: OR CONTRIBE AT WORK  22a.I certif sow the source of t	to immediate a stating the couse lost  HER SIGNIFICAN  F OPERATION  IT WAS UNDERLYING  ITING CAUSE OF  OCCURRED  NOT WHILE AI WORK  y that (1) (this he edeceased alive	I 19b. COI  I 19b. COI  I 19b. COI  I 19b. TIMI HOUR  21b. TIMI HOUR 21c. PLA( AT HOME	CONTRIBUTING TO I	OPERATIO  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCUR!  21f. LOCATION STREET  , 19 and that in (my) (our) opinion DEGREE  ATTENDING	280 AUTOPSY?  YES NO DE  RED (ENTER NATURE OF IN)  CITY OR I  . 10 2-17  death occurred on the o	20b. IF YE IN CERT Y URY IN ITEM IB	ES, WERE IFYING (ES PARTIOR	E FINDING CAUSES  PART 2)  UNITY  From the c	IGS USEI OF DE AI NO [	TH?
27"	PART 2 OT Underlying  PART 2 OT 19a DATE O  21a. ACCIDET OR CONTRIBUTE O	to immediate a stating the couse lost  HER SIGNIFICAN  F OPERATION  IT WAS UNDERLYING  ITING CAUSE OF  OCCURRED  NOT WHILE AI WORK  y that (1) (this he edeceased alive	19b. CONDITIONS  19b. CONDITIONS  19b. CONDITIONS  21b. TIMI HOUR  10c. PLAI  (AT HOME	CONTRIBUTING TO I	OPERATIO  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCUR!  21f. LOCATION STREET  , 19 and that in (my) (our) opinion DEGREE  ATTENDING	280 AUTOPSY?  YES NO P  RED (ENTER NATURE OF IN)  CITY OR T  death occurred on the o	20b. IF YE IN CERT Y URY IN ITEM IB	ES, WERE IFYING (ES PARTIOR	E FINDING CAUSES  PART 2)  UNITY  From the c	IGS USEI OF DE AI NO [	TH?
20	PART 2 OT Underlying  PART 2 OT 19a DATE O  21a. ACCIDET OR CONTRIBUTE O	to immediate a stating the couse lost  HER SIGNIFICAN  F OPERATION  IT WAS UNDERLYING  IT WAS UNDERLYING  IT WAS UNDERLYING  OCCURRED  NOT WHITE AT WORK  AT WORK  AT WORK  IT WORK  IT WORK  AT WORK  IT	I 19b. COI  I 19b.	CONTRIBUTING TO I	OPERATIO  AY YEAR  19  FARM, ETC.)	21c HOW INJURY OCCUR!  21f. LOCATION STREET  . 19 and that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN [	200 AUTOPSY?  YES NO PROPERTY NATURE OF IN)  CITY OR TO PROPERTY NATURE OF IN)  CITY OR TO PROPERTY NATURE OF IN)	OWN  AFF	PARTIOR  19_8  222	PART 2)	IGS USEI OF DEAL NO [	TH?
	PART 2 OT Underlying  PART 2 OT 19a DATE O  21a. ACCIDET OR CONTRIBUTE O	to immediate  a stoting the couse lost  HER SIGNIFICAN  TOWAS UNDERLYING  TOWAS UNDE	I 19b. COI  I 19b.	CONTRIBUTING TO I	OPERATIO  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCURI 21f. LOCATION STREET  , 19 and that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN [	200 AUTOPSY?  YES NO P  RED (ENTER NATURE OF IN)  CITY OR T  deoth occurred on the of DIRECTOR PHYSI  RIVE, CUMBE  23d LOCATION	OWN  AFF	PARTIOR  19_8  222	PART 2)	IGS USE OF DE AI NO [	TH?

DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the haspital ar attending physician

S DATE:

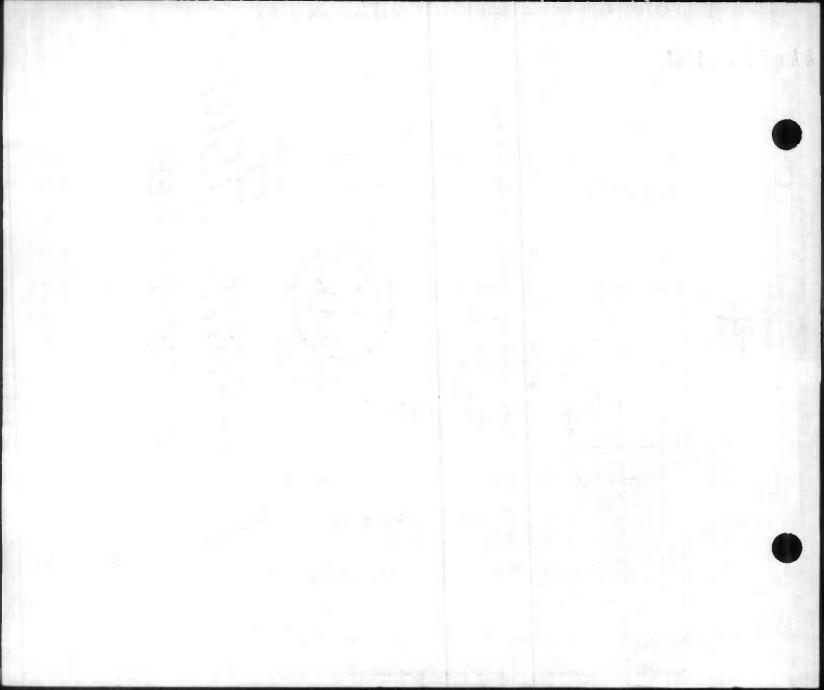
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	-7
0	1

- STATE REGISTRAR				CERTII	ICATE OF DE	ATH	O /	NO.	3 3 3	/ 1
TYPE OR PRINT)	George		MIDDLE		ohns		20 DATE OF DEATH	02	05 87	7:30 A
	George						1.105			N
3 SEX		4 RACE		5. DATE (	H DAY	YEAR	6. AGE IN YEARS LAST	BIRTHDAY	MONTHS DAYS	HOURS MIN.
male		white			1-21-190	1	85	YR:		
COUNTRY)	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MA	RRIED -	9 BALTIMORE CITY		ITY OF DEATH	
MD		USA		WIDOW		RCED	Allegan	У		M
O CITY OR TOWN O	F DEATH		HOSPITAL, NURS		OR OTHER INSTIT	UTION	12a USUAŁ OCCUP			OF BUSINESS OR
Cumberla	and		ns Manor		na Home		retired			ailroad
SUAL RESIDENCE (1)	NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFO	DRE ADMISSION)						111000
MD	136 COU	egany	Cumbe		YES X	10	13e STREET ADDRES		Avenue/	/21502
FATHER'S NAME	LUTI	cyally	Cumbe	IIailu	15 MOTHER'S A		WE TITO ATT	. UTITE	Avenue	21302
FIRST	7-6-	MIDDLE	LAST		FIR	IST	WIDDLI	E	ŧΑ	ST
n WAS DECEASED I		Johns	16b SOCIAL SEC	LIBITY NO	17 INFORMAN	7		rdan Dress		
(YES, NO OR UNKNOW		VE WAR OR DATES	100 SOCIAL SEC	JURIT NO.						
no			214-05-	-9165	Mrs. La	aura J	ohns, Cumb	perlar	id, MD -	- wife
18 CAUSE OF E	DEATH (Enter or	nly one cause per	line for ia , ib o	and (c).	1	11			APPRO) BETWEEN	CIMATE INTERVAL LONSET AND DEATH
PART I. DEA		ED BY TE CAUSE (a)	Cond	1ac	anch	with	mia.			
	stating the cause last	conditions co	al In	DEATH BUT	NOT RELATED TO	C.	INAL DISEASE OR CO	20b. IF	GIVEN IN PART 1 YES, WERE FINDI	INGS USED
HILL IN				V			YES NO	]	YES [	NO [
	AS UNDERLYING CAUSE OF DE	ATH HOUR A.	OF INJURY .M. MONTH I	DAY YEAR	21c HOW INJU	IRY OCCURR	RED (ENTER NATURE OF II	NJURY IN ITEM	18 PART   OR PART 2}	
OR CONTRIBUTING	CURRED		OF INJURY REET FACTORY OFFICE	FARM ETC )	21f. LOCATION STREET		CITY OF	RIOWN	COUNTY	STATE
		ital) attended th	ne deceased fram	2, -	4	1087	10 21 -	5	1087	that (I) (we) last
saw the de	ceased alive ar	2 - 4	19	0	nd that in (my) (a	ur) apinian d	death accurred on the	e date and l	naur and from the	
22b. SIGNATUR		a the wille body	C. A. C. O. C. III.		DEGREE	114			22c. DATE	ESIGNED
IV.A.	Ramit	han.			ATT PH	ENDING YSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [	2 -	-5-87
224 PHYSICIAN	'S NAME (TYPE	OR PRINT)			22e ADDRESS					
V. A.	Ranjit	han, M.	D.		LMNH,	Setor	Dr., Cum	berla	nd, MD 2	1502
30 BURIAL CREMAT	ION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION			
Buri	al	02-0	8-1987	Davis	Memorial	Ceme		berla	nd Alle	egany M
4 FUNERAL DIRECTO	OR .		1				E REC'D. BY REGISTR			TURE
NAME	C	11: 0	ADDRESS		1.500	AES !	0.01 (1000)	1. 1. K	iday Da	2000 V
James F.	Scarpe	LLI, CU	mberland	MD 2	1502	H-U	00 4007 4	11.00 (0.7 V.P.)	WINDSON - NOW	W-0-0-0

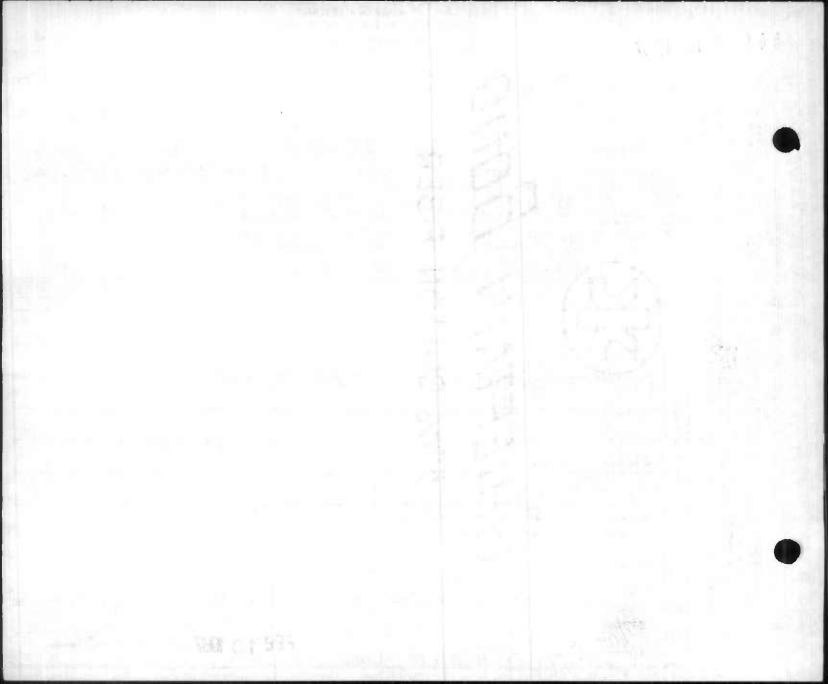
Scarpelli, Cumberland, MD 21502

DHMH - 16 60M 7/B4 (VRA 15, 4)



				FOR	VIRGI	I FUNERA	*/ DEPARTA		OF MARYLAND EALTH AND MENTAL HYG	IENE 75 -7	0 7	2 /	9
1205	FER	17	07	REGISTRAR		ND, MD 2	1502	CERTIF	ICATE OF DEATH	REG. N		3 /	3
4 7 9 9 6	£	1 /		CEASED NAME OR PRINT)	FIRST		MIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY Y	EAR 2b HC	DUR
by b	ar deoth				WILLI		VINCENT	I DITE	KEEGAN	FEBRUARY  6 AGE (IN YEARS LAST BIR			10 AM
oge 4 m	urs after		3. SE	male			nite	S. DATE C		84	YRS.	DAYS HOUR	
eoth. Po	n 72 ho	5	7a. BI	RTHPLACE (STATE OR I	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED D	9 BALTIMORE CITY O		1H	MD.
by the for	ed within	3	10. CI	TY OR TOWN OF DEA		(IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET HO	ADDRESS)	R OTHER INSTITUTION	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST O retired	ON 12b. KI	IND OF BUSI	NESS OR
Jour H	month be fil	3		AL RESIDENCE (IF NURS STATE MD	ING HOME OR	OTHER INSTITUTION		ADMISSION)		13e.STREET ADDRESS			1502
completely	8	1	14. FA	THER'S NAME FIRST		as J. K	eegan		IS MOTHER'S MAIDEN NAM			LAST	2702
ecute d co	Pages 1	1		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITYNO	17 INFORMANT	ADDRE			
be ex	S. Pages medica			no	(117 123, 014	E WAR OR DATES!	218-30-0	194	Mrs. Marga	ret A. Keeg		peroximate in ween onset a	
that I weeth certified by the offending p	okana amove corbon nat. cramanon, or rem or other mavmotic evi			Canditions, if any, gave rise to immo cause (a), statin underlying cause	which nediate g the last.	(b) DUE TO, C	IR AS A CONSEQUE	ENCE OF	yn Charas	Afin			
O Day	or to buy		TION						NOT RELATED TO THE TERM				
AL REC	it permit	1	CERTIFICATION	190 DATE OF OPERA			ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	206. IF YES, WERE F IN CERTIFYING CA YES	USES OF DE	ATH?
CIAN G physic entition	informan mol Hyg	7		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEA	TH HOUR A	.M. MONTH D .MM.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM TS PART I ORPA	RT 2)	
MASSION OF THE PASSION OF THE PASSIO	a the but		MEDICAL	21d. INJURY OCCURI	ILE 🗆		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OR TO	WN COUN	TY	STATE
TTENDIA TOR AF	of Health	3		22a.1 certify that (1) sow the decease abave, (1) (we) (c				, ar	d that in (my) (aur) apinion o	, to leath occurred on the do		, that (I	
At OR A	Setto Chest one Dept.			27b. SIGNATURE	A D		7		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF _	DATE SIGNE	D
HOSPITAL Lined by "	A the Story	1		224. PHYSICIAN'S NA			0		27e ADDRESS	P WALSH ROA	D CLIMBEDI	AND M	D 2150
0 € 2	£ 1 ₹	1	23o. B	URIAL, CREMATION.			23€. ↑	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COMPLKI	CM V pl	
BP				SPEBURIAL DIRECTOR		02-0	7-1987	St. Pa	atricks Cemete	REC'D. BY REGISTRAR	75h REGISTRAR'S SIG	egany	MD
DHMH - 1	6 60M 7/8 15, 4)	34		NAME	Scarr	elli. (	ADDRESS	d_MD_	CFD 0	9 1987 gui	IL LIEU (disel\-II)		

1	1000 0	]]-	FOR STATE	MEDI	PARTMENT OF H		ENTAL HYGIE	RELI /	0 3	3 7	3
7	# U 0 0 H	1:06	EASED NAME FIRST	F024	ple	Kelly	CATE OF BE	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH	DAY YEAR	7 Street
	OUR FILE COUR FI	3.50	MW	7/30/192		MONTHS DAYS	HOURS MIN		MONTH Z	5 19 8	73145
	12 TO	FO	REIGN COUNTRY)	76. CITIZEN OF WHA		WIDOWED [	EVER MARRIED DIVORCED	Allegar	ny	Y OF DEATH	WE
	S ANGE		TY OR TOWN OF DEATH  Cumber land  L RESIDENCE (IF IN NURSING HOME OR	Sacred	TAL, NURSING HOME, ITY, GIVE STREET ADDRESS) Heart Hosp RESIDENCE BEFORE ADMISSIO	ital	JTION 126 US	SUAL OCCUPATION (1) PROST OF WORKING LIFE)  FORK lift op	per.	or indus	
D. 21201	AND SECTION SE	130.7	ID ATTE	gany	Ellerslie	AEX X	ITY LIMITS? 130 ST	REEL ADDRESS 21529			
MORE, M	H-See-	láa V	John Joseph Ko		LAST 16b. SOCIAL SECURITY		Josephir	ne Sheridan		LAST	
BALTIN	B. GWE PE	(4	(18 CAUSE OF DEATH (Enter only		098-14-744	8 Zelma	A. Kelly	y, Ellersli	ie, MD		9 ATE INTERVAL SET AND DEATH
05, 201 W. PRESTON S	GELIED WITHIN 24 H G" MRESNOL IN ITEM ALEX WINER ALONG UNIAL TRANSTIT PERM MEMERITAL HYGIEN ALICAL OR REMOVAL		PART I DEATH WAS CAUSED  IMMEDIATE  Canditions, if any, which gave rise to immediate cause (a) stating the <u>under-</u> lying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CO.	CAUSE (a)	S A CONSEQUENCE C	F	ON CINEN IN BART 1				
ITAL RECOR	HOUD BE DOWN THE MEDICAL USED AS ALL OREM	CERTIFICATION	190 DATE OF OPERATION		ON FOR WHICH OPERA			1		20 AUTOPS	
ION OF V	GTHE WO TO THE WO HOULD BE WARTWENT	ICAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH P.M.	MONTH DAY YEAR		Y OCCURRED LENTE	R NATURE OF INJURY IN ITEM	18 PART I OR PAR		110 %
DIVIS	THIS CER WARDED PACE 3 S TATE DEP 21201 PR	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET, FACTOR	INJURY (AT HOME, LY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COU	NTY	STATE
•	O MEDICAL EXAMINER GECUTE THE CERTIFICATE ACE A SHOLLU BE FOR THE DEATH WITH THE SHITMORE, MARYLAND,		ACTUAL SIGNATURE YC	TTP/	exes Sun	M.DADDRESS	specify ME 900 Seton	EDICAL EXAMINER Dr. Cum	DATE SIGNED		-87
07/84 2584	BP	(5	JRIAL, CREMATION, REMOVAL JULI Buria Herrara	2/9/87	Rocky Gap		(II	umber land,	Allega GISMAR'S SI	any, MD	STATE
	DHMH - 17 (VR A15 ME (5))		Harvey J. Zelo	ler, Hynd	man, PA	15545	FEB 1	0 1887	and the same	r-Hande	IN.



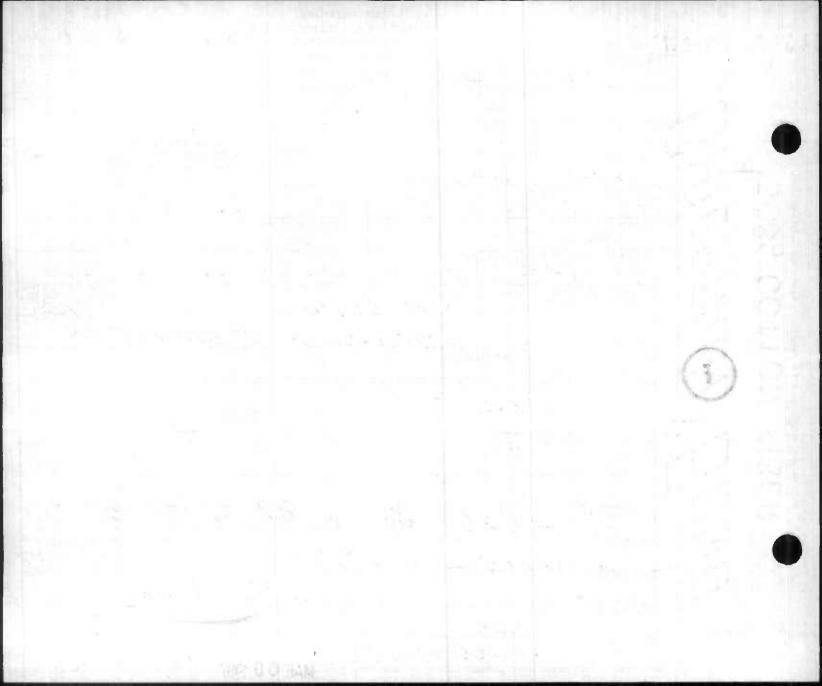
14 1	691 FEB 1	918	1011	FUNERAL HOLOCK, MD 21	DEFARIT	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	0 /	0	3 3	7 4
		1. DE		IRSI	MIDDLE		AST	REG. N		AY YEAR	2b. HOUR
	noy be page 3	(TYP	E OR PRINT)	UISE	NMI		KIFER	FEBRUAR	Y 7,	1987	6:55P M
	Pag er de	3. SE	X	4. RACE		5 DATE O		6 AGE LIN YEARS LAST BIR		F UNDER 1 YEAR	IF UNDER 24 HRS
	s off	F	emale	Whit	e	June		71	YRS.	ONTHS DAYS	HOURS MIN.
	Po di Po	7a. B	IRTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY		
	Good Andrew	W	.Va.	U.S.	Α.	WIDOW	DIVORCED	ALLEGANY	COUNT	ΓΥ	MD.
201	5	C	umberland	"SACR	ED HEART	HOSPI	TAL	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Production	OF WORKING LIFE	INDUSTRY	Mfq.
AND 21	filled in	M	aryland /	HOME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frostbu	N	13d. INSIDE CITY LIMITS?	Rt.#1 Box		21532	
MARYL	mpletely signature of within	14. F.	ATHER'S NAME FIRST	WIDDLE	Hunt		15. MOTHER'S MAIDEN NAME FIRST	ME MIDDIE		Slaugh	
BALTIMORE,	Poges 1		VES. NO NUNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	21322358		Paula L. Ree	d Rt.#1 Bo			
7	physicio phopers. emoval.		18 CAUSE OF DEATH (I PART I. DEATH WAS	Enter only one cause per CAUSED BY: MEDIATE CAUSE (a)	r line far (a) (b), an		nintry D	rost		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	e death cer e offending mave corbo notion, ar re froumotic e		Conditions, if ony, w	DUE TO, O	R AS ASONSEQUE	NCE OF	ebrol Hemoreh	ge .			
01 W. F	s that the by the sase refiel, crem		underlying cause	last (c)	RAS A CONSEQUE	ured	intra comort	0 - 1 - 1			
ORDS, 2	require or to the	NOL	PART 2 OTHER SIGNIF	1 frantina	0		NOT RELATED TO THE TERM				
AL REC	The low ion.	CERTIFICATION	190 DATE OF OPERATIO			OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFY YES		OF DEATH?
OF VIT	SICIAN: ng physic		210. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU LIFEITHER NOTIFY MEDICAL	SE OF DEATH HOUR A	OF INJURY .M. MONTH DA .M.	AY YEAR	21c HOW INJURY OCCUR	RED {ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART ?)	
VISION	G PHYS strending er the but ond Med on the but wed on the but we have been strengthed to the but we have been but we have but	MEDICAL	21d INJURY OCCURRED	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET	CITY OR IC	OWN	COUNTY	STATE
١٥	rending tolor of OR: Aft ruse os ruse os ruse os ruse os		22a.1 certify that (I) (the	is hospital) ottended th	19		nd that in (my) (our) opinion				that (1) (we) lost
	TAL OR ATTY the hosping ALL DIRECT detoched for the Dept. of UT: If Item 2		abave, (I) (we) (did) 27b. SIGNATURE	(did not) view the body	after death.		DEGREE ATTENDING	MEDICAL STA	FF .	22c DATE	
	HOSPITAL ned by 1/ FUNERAL JID be det the State		224. PHYSICIAN'S NAMI	E (TYPE OR PRINT)			27e ADDRESS				
	TO HOSPITA retoined by TO FUNERA should be do with the Stot		DR. JESUS				FROSTBURG F	LAZA, FROST	TBURG,	MD 215	32
	BP	23e.	BURIAL, CREMATION, REA	2/9/			th U.M. Cemet	23d LOCATION CITY OF TOWN	burg	Fulton	STATE
	DHMH - 16 60M 7/84		UNIFER DIRECTOR	,0			250 DAT	E REC'D. BY REGISTRAR	256 REGISTR		
	(VRA 15, 4)	1	uline Je	General C	MACCE	KA	10 FE	8 1 8 1997	finha	firment.	dispision.
			V								

THE STATE OF THE STATE OF

TO HOSPITAL OR ATTENDING PHYSICIAN: The

STATE OF MARYLAND								
ARTMENT OF HEALTH AND MENTAL	HYGIE							

36 MAR-9	87-	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG	IENE 8 7 O	3 3 / 5
		CEASED NAME FIRST	MIDDLE	L	A51	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
be a se	(ITPE	EVERETT	CLEM	KLI	NE	February 27, 19	7:15 Pm
ctor, page 3	3 SE	Male	RACE White	5. DATE C	t. 12, 1906	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
oth. Pog		RTHPLACE (STATE OR FOREIGN )	USA	8 MARRIEI WIDOWE	D NEVER MARRIED D	P BALTIMORE CITY OR COUNTY  Allegany	THE TACK IN THE RESERVE
the fundament	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME C		12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIF Proprietor	126. KIND OF BUSINESS OR
24 hours	13a. S	AL RESIDENCE (# NURSING HOME OR OF STATE NO COUN MORE	TY LIG. CITY OR TOW	ADMISSION	13d. INSIDE CITY LIMITS?	130, STREET ADDRESS / ZIP CODE P.O. Box 65	06000
mpletely and 2 sh	3FA	Theodore "	Kline		15 MOTHER'S MAIDEN NAM Minnie		Barringer
Pages,		VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SECU 232-10-4		Mildred Klir	ADDRESS ne, P.O. Box 65,	Paw Paw, WV
physicia in papers imaval.			y one cause per line for (o, (b), an ) BY: E CAUSE (o)	d (c)	UNG		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s that the death of a strength		Conditions, if any, which gave rise to immediate couse (al), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	NCE OF	MONIA	DO OBSTRU	
n. nos been uppermit. The prior in ws ony in	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH			IN CERTIF	S, WERE FINDINGS USED STANDINGS USED STANDINGS USED STANDINGS USED STANDINGS USED
iCIAN: The g physics of physics of entificate I id-fransit intol Hygie fem 18 she		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 P	
offer this os the but the ord Med of the ord Med orked of the orked orked of the orked o	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE   AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI aspital or ECTOR: A d for use t of Heali m 21 is me		270.1 certify the (1) (this hospit saw the occased objection above, (1) (the) (did) (did not	the body after death	-/		, ta, death occurred on the date and hav	
ITAL OR by the hy the hy the hy the the hy the telephone that e Dep		and	molen	/		MEDICAL STAFF DIRECTOR PHYSICIAN	3/3/87
O HOSPI		Ir. Raver			Cumber	ial Hospital land, MD 21502	
1 BP 99	Ŷ.	Burial	3/3/97 00	man II.	EMETERY OR CREMATORY  Ll Cemetery	Paw Paw, Morga	county STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	He.	lskey-Johnson F.	Home Berkeley	on St Spgs,	reet WV 25411	REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE



	ST	ATE	OF	MA	RYL	AND
--	----	-----	----	----	-----	-----

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13		
14	/	
0	REG. NO	

19	1.7	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH 8 REG. NO 0 3 3 / 6							
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 2	HOUR			
ы	(IYPE	How	ard O.		Larry	Feb.	11. 1987	9:30P M			
	3 SE	X	4. RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	F UNDER 24 HRS			
		male	white	MON	05-10-1905	81 YR		HOURS MIN.			
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	FD NEVER MARRIED	9 BALTIMORE CITY OR COU					
		COUNTRY)	USA	WIDOW		Allegany		MD.			
5	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME		120 USUAL OCCUPATION	125 KIND OF				
1	-	Cumberland	Route 3 Box	70B		novie projectionis					
5	130 S	STATE 136 COU			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO Route 3 Bed		21502			
7	14 FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE	LAST				
1		(nfn				Anna (nmn)					
1		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRESS					
			W II 217-10-	-6894	Mr. William	H. Larry, Cumbe		- SON			
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2.										
1	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDING RTIFYING CAUSES O YES	S USED F DEATH?			
5		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18 PART   OR PART 2)				
8	MEDICAL	21d INJURY OCCURRED  NOT WHILE AT WORK	218. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
0000	270 I certify that (I) (this hospital) attended the deceased fram  saw the deceased alive an  above, (Liming (did) (did not view the body after death.  DEGREE  ATTENDING MEDICAL STAFF 2 2 1 10 2 2 3 1 10 2 3 1										
1		224. PHYSICIAN'S NAME (TYPE			PHYSICIAN PHYSICIAN PARTIES	DIRECTOR   PHYSICIAN		100			
-	22- 0	Dr. Wamar Za	aman M.D.	NIAME OF	Memorial Hos	pital Medical F	3dg., Cumb	erland,MD			
		(SPECIFY)				CITY OR TOWN	COUNTY	STATE			
	24 Et	BUTIAL UNERAL DIRECTOR	02-14-1987 F	Rocky (	Gap V/A Cemete	ery Flintstone TE REC'D. BY REGISTRAR 256. REC	Allegany	MD			
	29 71	NAME	ADDRESS		21502 FE		SISTRAR'S SIGNATUR	(C			
		James F. Scarr	nelli. Cumberlar	d MD	21502	0 1 / 80/	The state of the s	A PARTIE OF			

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MA	RYLAND
-------------	--------

				- 12	- 12	
8	1	0	3	V	1	
	REG. NO.					

44695 FEB 1	918	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / O	3311
	1 DEC	EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be poge 3 rr deoth		CHARI	LES EDWARD	LASHLEY	February :	14,1987 1:30 P <sub>M</sub>
moy er d	3. SE X		4 RACE	5 DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS
ge 4 ector ars off		Male	White	6 12 18	68 YRS	
9 pg		OUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED ANEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
to occasion		arvland	U.S.A.	WIDOWED DIVORCED	Allegany	MD
· WISO		y or town of DEATH Cumberland			128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  State: Highway. Ad	126. KIND OF BUSINESS OR INDUSTRY
AND 2120	130. S	TATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BE	OWN 13d INSIDE CITY LIMITS?	P.O.Box 405	21545
ry tely 2 sh		THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
MAI mple		Wayne	Lash		e l	Lynch
d co		AS DECEASED EVER IN U.S. A	N.C		ADDRESS	
Pogg e		Yes W.W		07-5031 Marguirit	e Lashley	1.3e
DN ST., BALL th certificate ding physicia promote action augen- action action action augen- action action a		PART I, DEATH WAS CAUS	anly one cause per line (g. (a), (b) SED BY: ATE CAUSE (a)  DUE TO, OR AS A CONSE	lio-Resmonton	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the deat d by ee other costs remove to early registron.		Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF Marky.	Welanoma	
MOS. 2	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER		
At RECO	TIFICAL	190 DATE OF OPERATION	196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?  S NO
FVIII	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
VISION O	MEDICA	(IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY [AT HOME STREET, FACTORY, OFF	19 211 LOCATION SIREET	CITY OR TOWN	COUNTY STATE
A STATE OF THE STA			pital) attended the deceased fro	om19	, ta	19, that (I) (we) last
21 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			in1 nat) view the bady after death.		n death accurred an the date and hav	and from the causes stated
At OR AT OR AT DIRECT PROPERTY OF DEPT.		27b. SIGNATURE	Juz		DIRECTOR   PHYSICIAN	271 DATE SIGNED
TA SEE		22d PHYSICIAN'S NAME IN			Memorial Hospita	1 1
PORTA PORTA		Qamar Zamah	, 110	Memorial A	ve., Cumberland,	Md. 21502
5 £ E £ 1 3	23a B	URIAL, CREMATION, REMOVA	AL 23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY AND
nn.	1	Puniol	2/17/87	Post Torm	TaVale Alle	Cany Men latte

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Durst Funeral Home

57 Frost Ave. Frostburg, Md 21532

250 DATEREC'D. BREEDS AR 256 GOSTRAK'S SIGNATURE

		A2-03 COL
	At The Asset of the State of th	NEST
		Later veril
and the state of the state of the state of		
nother sintely vertical efects		
33.565 W. Est. 1.6	a strate of the	Carried and Control of the Control o
	AND SEE SEE SEED OF	
	graduation to the state of the	
		1-3:11/2"   -h -7/29
Lance T		
		in the same of the same of the same
*		
		Later And Street
The state of the s		
The state of the s		
	rosture, vi 21532	The property of the second

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (A)

	CERTIFICATE OF DEATH	REG. NO.	3	, 0
Ruth	Leaman	2a. DATE OF DEATH MONTH	74-87	6 55 A
	5. DATE OF BIRTH  Tanuary 9, 1900	6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS	HOURS MIN.

White Female

BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? Maruland

Allegany

MIDDLE

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

IMMEDIATE CAUSE (o

atherine

MARRIED NEVER MARRIED U.S.A. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DIVORCED

12a USUAL OCCUPATION Neadlework

Allegany

13e. STREET ADDRESS

BALTIMORE CITY OR COUNTY OF DEATH

126. KIND OF BUSINESS OR INDUSTRY Factory

Cumberland Nursing Home Cumberland USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

138, STATE

138. COUNTY

137. CITY OR TOWN

1. DECEASED NAME ITYPE OR PRINTS

O CITY OR TOWN OF DEATH

Maryland 4. FATHER'S NAME

James

CERTIFICATION

MEDICAL

3. SEX

Cumberland

YES NO 15. MOTHER'S MAIDEN NAME Maru

17 INFORMANT

Elizabeth Golden

314 Pennsulvania Ave

16n. WAS DECEASED EVER IN U.S. ARMED FORCES? LIFYES, GIVE WAR OR DATES No

PART I. DEATH WAS CAUSED BY

166 SOCIAL SECURITY NO 214-05-5267

OR AS A CONSEQUENCE OF

Leamon

Linda Malvey

Cardio- Bestimton

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

Alberosclemhe DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Sundrowe

196, CONDITION FOR WHICH OPERATION WAS PERFORMED 71a ACCIDENT WAS UNDERLYING

220.1 certify that (I) (this hospital) attended the deceased from

23h DATE

2/26/87

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

LIF EITHER NOTIFY MEDICAL EXAMINERS 21d. INJURY OCCURRED NOT WHILE

OR CONTRIBUTING TO CAUSE OF DEATH

P.M 19 21e PLACE OF INJURY

21f. LOCATION

20a AUTOPSY?

COUNTY STATE

eosed olive on. e) (did) (did not) view the body ofter deoth. 22b. SIGNATU

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22¢ DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OF PRINT)

230. BURIAL, CREMATION, REMOVAL

(SPECIEY)

22e ADDRESS

S.M. SHRESTHA

23¢ NAME OF CEMETERY OR CREMATORY Greenmount Cem.

23d LOCATION Cumberland Allegany

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

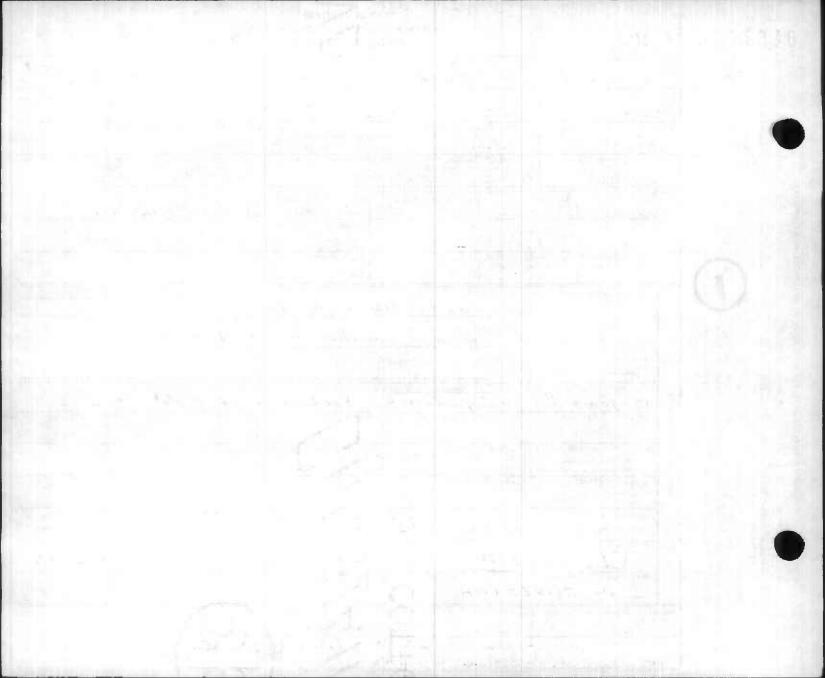
0

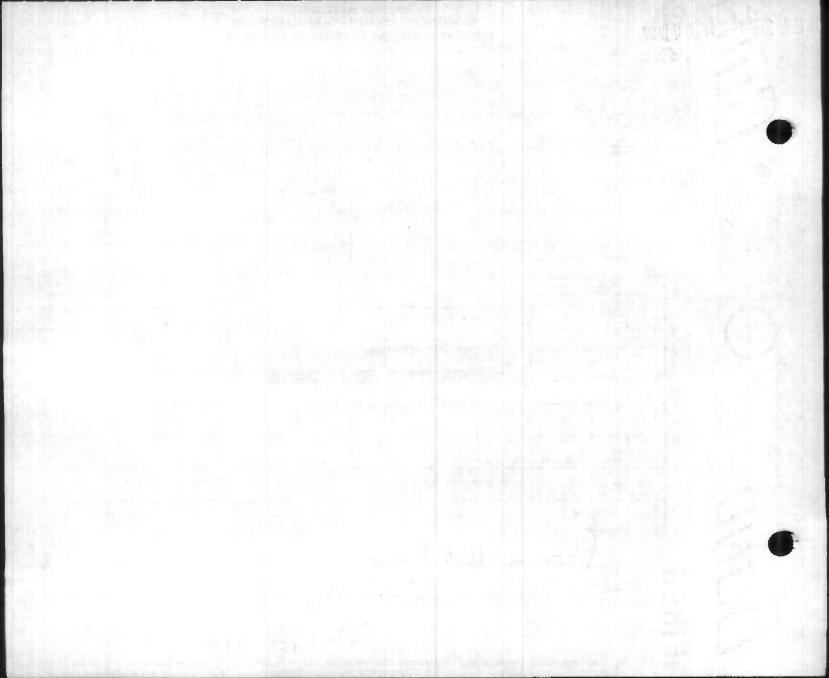
be St

should be with the S IMPORTA

George-Upchurch Funeral Home, P.A. 202 Greene St. Cumberland, MD 21502

REGOTTAR 24 REGISTINGS SIGNATURE





	17	REGISTIMESTERNE		MIDDLE	CENTIL	IEALTH AND MENTAL HYC	REG. NO		
0 00		OR PRINTI		VELYN		GSDON	FEBRUARY 7		25 HOUR 11:35
ector, po ector, po		male	4. RACE White		S. DATE O	ber 4, 1904	6 AGE (IN YEARS LAST BIRTH	YRS IF UN	DER 1 YEAR IF UNDER 24 HRS
1835	We	RIHPLACE ISTATE OR FOREK OUNTRY) Sternport	USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY OF ALLEGANY CO		DEATH
5152	Cu	TY OR TOWN OF DEATH mberland	SACRED	HEART HO	SPITA	OR OTHER INSTITUTION	120 USUAL OCCUPATION THE OF WORK FOR MOST OF DOMESTIC	ON 12 WORKING LIFE) IN	b. KIND OF BUSINESS OF DUSTRY HOUSE
1835	130.	AL RESIDENCE (IF NURSING H TATE ryland Al	COUNTY COUNTY Legany	13. CITY OR TOWN Western	ADMISSION)	13d. INSIDE CITY LIMITS?	13 200 Clayto	ZIP CODE	21562
10/10		ther's NAME	Riggleman	LAST		Minnie  Minnie		mbert	LAST
11/1	16e V	VAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	268-12-6		Mr. Harold	Logsdon Rt.		ernport, Md
no the been signed by the permit Then please remove priors to burieff, cemen	MEDICAL CERTIFICATION	0	ANT CONDITIONS CO	ontributing to d	Saer DEATH BUT Lista OPERATIO	NOT RELATED TO THE TERM  NOT RELATED TO THE TERM  NOT RELATED TO THE TERM  O D S S Truction		20b. IF YES, WE	RE FINDINGS USED CAUSES OF DEATH?
the certificate of Montal Hyges		21g. ACCIDENT WAS UNDERLY! OR CONTRIBUTING [] CAUSE (IF EITHER NOTIFY MEDICAL EX 21d INJURY OCCURRED	OF DEATH AMINER P. 216. PLACE		Y YEAR	211. LOCATION STREET		IN ITEM 18 PART I	
DIRECTOR, After authorized for our authorized for our authorized for our authorized from \$1 a monket		220.1 certify that (1) (this sow the deceased all above, (1) (we) (did) (22b. SIGNATURE	hospital) attended the live an additional view the body	ne deceased from	, or	22e ADDRESS	MEDICAL STAF	te and hour and	22¢ DATE SIGNED
order by the control of the control		JESUS TAN, N	1D			FROSTBURG P	LAZA, FROSTE	BURG, MD	21532

that a resistant THE WASSELIN X X X CARRED MEAGE HOSSITAL LORGES. C Start for a starter to be a started to the started a the same of the same of All afternations of the antiqual different cold property of the out of the relation we have been a second to the

				GEORGE UPCI	HURCH F	UNERAL HO	ME STAT	E OF MARYLAND					
			1.	FOR P. O. BOX	1260	DEPARTN	AENT OF H	EALTH AND MENTAL HYG	IENE Q	0 7	7	21	
515	2 FER	27 1	7	REGISTRAR FOR I ASI	,			ICATE OF DEATH	REG. NO		, ,		
J 4 0	0 WE	6-1 4		CEASED NAME FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	poge 3	351	2 651	CHARLI		ILLIAM		OGSTON	FEBRUAR'		1987	4:35P M	
	Tor. p	24	3. SEX	lale	4. RACE White		S DATE (	DAY YEAR	6. AGE (IN YEARS LAST BIRT	MON!	HS DAYS	HOURS MIN	
	Poge	2	5			WHAT COUNTRY?		4, 1920	9 BALTIMORE CITY O	YRS.	DEATH		
E DC COUNTRY				OUNTRY) Vest Virginia	U.S.A.		MARRIE	DIVORCED I	ALLEGANY (				
	er de for	0		TY OR TOWN OF DEATH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION	ON I	26 KIND O	F BUSINESS OR	
5	Jed Hed	是人	-	Cumberland	SACRE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SACRED HEART HOSPITAL			Carpenter-	Chessia	Sys	Railroa	
212	bour d be	2/2	13a S	AL RESIDENCE (IF NURSING HOME OR TATE	ITY	13c_CITY OR TOWN	N .	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	9	1944	
AND	fille hould	22	-	Vest Va. Hamp	shire Springfield YES IX NO!			YES NO	Route 6, 1		1 / 21	6763	
ARYI	within stetely d 2 s	1/1/1	14 FA	THER'S NAME	MIDDLE	Logsto		15. MOTHER'S MAIDEN NA	MIDDLE		Cros	,	
, X	comp	3/1	14a V	James VAS DECEASED EVER IN U.S. AR	Isaac	166 SOCIAL SECU		Daisy 17 INFORMANT	Cather		Cro	2R	
MOR	nd a	dic			E WAR OR DATES)	214-07-11		Edna Logston			#13	ahaya	
ALTI		ě.			ly one couse per	1		2	- Address 2	Tune as		MATE INTERVAL	
W. PRESTON ST., BALTIMORE, MARYLAND		vent,		18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and IC PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) MASSIVE MOCARDIAL THARESTON  IMMEDIATE CAUSE (a) MASSIVE MOCARDIAL THARESTON  IMMEDIATE CAUSE (a) MASSIVE MOCARDIAL THARESTON  IMMEDIATE CAUSE (b) MASSIVE MOCARDIAL THARESTON  IMMEDIATE CAUSE (c) MOCARDIAL THARESTON  IMMEDIATE CAUSE (c) MOCARDIAL THARESTON  IMMEDIATE CONTROL THARESTON  IMMEDIATE CONTROL THAR									
NO~	6 Dag	otic		The state of the s	-	R AS-A CONSEQUE	NCE OF	91	0.				
EST	deot otter ove otion,	E O O		Conditions, if any, which	(b)_		ary	Hetery 1	Usepse				
× PR	the the rem	hert		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	ACE OF						
	ed by oleos	or or			(c)								
DIVISION OF VITAL RECORDS, 201	sign hen g	ıjury,	N	PART 2 OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN I	N PART Ito	11	
Ö	been mit. I prior	Noux T	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WI	RE FINDIN	IGS USED	
AL RE	he lo bas has per ene	8	TIFIC		10.2				YES NO X	IN CERTIFYING	G CAUSES ]	OF DEATH?	
VII		8		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		OF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)		
O N	SICIA ng ph certif certif intol-t	Fea	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	)P.	м.	19						
ISIOI	PHY tendi this he bu	edor	MED	21d INJURY OCCURRED  WHILE NOT WHILE I		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE	
2	After After blith o	nork		AT WORK	tally asserted at	1.		10	to 2-21	19 (	87		
	TEN TOR: pr us	21 is r		220.1 certify that (1) (this hospit sow the deceased alive an			87	nd that in (my) (our) opinion (	, , , ,			that (I) (we) last couses stated	
	R AT hosp iREC hed f hed f	ten		226 SIGNATURE	yew the body	after death		DEGREE	/		22c DATE	SIGNED	
	AL D AL D detoc	*		Holas	Bucc	mo		ATTENDING PHYSICIAN	DIRECTOR PHYSIC	F IAN 🗌	2/2	1/87	
	OSPIT ed by UNER Id be of the Sto	PORTAN		224 PHYSICIAN'S NAME OF THE O	PROFILE	Sec. 7		22e ADDRESS					
	O FU O FU hould	Ody		DR. GARY	WAGONER	2		925 BISHOP W	WALSH ROAD,	CUMBERI	AND,	MD 21502	
996	Gaaa	7		URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	ec.	UNIY	STATE	
111	BP	-		Burial	2-24-	87 Spr	ingfi	eld Hill Cem.	Springfie EREC'D. BY REGISTRAN				
	DHMH - 16 60M	7/84	24. FL	P.O. Box 1260 -	hby Fun	eral Home	26710	750. DAT		DB. REGISTRAR	5 SIGNAT	JKE	
	(VRA 15, 4)			r.U. DUX 1200 -	The As	riby, wv	2011	HER?	2.6 1007	a group &			

0	l,	4	5	3	7	F
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	7	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires: that the death certificate be executed within 24 hours after death. Page 4 may be	etained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been appeared in page 3. The property filled in by the funeral director page 3. should be detached for use as the burial-transit permit of the page 3. Indianal appears. Pages 1 and 2 should be filed within 72 hours after death	with the State Dept of Health and Mental Hygiers prior to buried, compation, or removal.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG. NO.	0	3	S.	8	
-	REO. NO.					_

-	107	FOR STATE REGISTRAR			DEPARTN		SEALTH AND MENTAL HYG	SIENE 8 / REG. N	0 3	3	8	2
		CEASED NAME	FIRST		MIDDLE	ı	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOU	REO
	11162	ELMER		EDWARD		M	ARTTN	February 9	. 1987		9:	50 PM
	3. SEX	3. SEX		4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	THDAY) IF UN	NDER I YEAR	IF UNDER	
		male		whit	е	HONT	06-20-1907	79	YRS	HS DATS	MOURS	MiN.
-00		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED		9 BALTIMORE CITY	R COUNTY OF	DEATH		
5		MD		USA		WIDOWE		Allegany				MD.
1	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 1	26. KIND O	FBUSINE	SSOR
)		mberland		Memo	rial Hosp	pital		retired			tric	al Co
	13a. S	AL RESIDENCE (IF NURSI STATE MD	136 COUN		GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  Cumber1	N	13d INSIDE CITY LIMITS? YES X NO	130.STREET ADDRESS 31 Beechwo		e/215	02	
1	14 FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS		
				Martin				Amanda Crawford				
160 WAS DECEASED EVER IN U.S. ARA				MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	600			
		yes	Wh	II	214-07-28	314	Mrs. Inez R.	Martin, Cur	mberland		- Wi	
)	DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI								PCOLL IDITION GIVEN I	N PART 110	3	_
1	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	G CAUSES	OF DEATH	H?
9	MEDICAL CERT	21a ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEA	TH HOUR A.	M. MONTH DA M.	Y YEAR	216 HOW INJURY OCCUR				NO L	
	WEI	WHILE NOT WHI	ILE 🗍		REET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TO	)WN	COUNTY	51	TATE
	1000	270.1 certify that (1) saw the decease abave, (1) (w 1 d 27b. SIGNATURE	d of a side of the did no	twiew the bady	19.1	- 1	nd that in (my) (aur) apinion  DEGREE  ATTENDING PHYSICIAN	death occurred on the d	EE	7		
1	4	22d. PHYSICIAN'S NA					Memorial Hos	spital Medie	cal Buil	ding		7
		Dr. Thadd	eus E	lder			Cumberland,			3		
	23a B	URIAL, CREMATION, I	REMOVAL	236 DATE			EMETERY OR CREMATORY	23d. LOCATION	nd 011	UNTY	SI	ATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

James F. Scarpelli, Cumberland, MD 21502

Sunset Memorial Park | Cumberland Allegany | 1250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



FOR

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

8	REG. NO.	0	3	3	8	j
---	----------	---	---	---	---	---

5336 FFR 20	3 87	REGISTRAR				CERTII	ICATE OF DEA	TH	8 REG. N	o. <b>U</b>	3	0 0
000012020		CEASED NAME	FIRST		MIDDLE		LAST	24-1	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
page 3	1		RTRUE	E	М.	MCCULI	LOUGH		February 1	3, 198	37	6:21 PM
	3. SE	X	15-11	4. RACE		5. DATE	OF BIRTH	W o	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
ge 4		female		white	е	MONT C	4-20-1911	YE AR	75	YRS	DATS	MOOKS MIN.
Po Po Po	70. B	RTHPLACE (STATE OR	OREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARE	DIED [	9. BALTIMORE CITY O	R COUNTY C	OF DEATH	
heath in 72	-	PA PA		USA		WIDOW		CED [	Alleg	gany		MC
with the state of	10. €	ITY OR TOWN OF DEA	ATH		HOSPITAL, NU		OR OTHER INSTITUT	ION	120 USUAL OCCUPATI	ON ON	126 KIND C	OF BUSINESS OR
	1	Cumberland		Memor	ial Hos	spital		MILE	housewif	е .	OWN	home
1112		AL RESIDENCE (IF NURS STATE MD	13b COUN		13c CITY OR		13d. INSIDE CITY L	IMITS?	13e.STREET ADDRESS. 730 Maryl	ZIP CODE	enue/2	21502
1 11 1	14. F.	ATHER'S NAME					15. MOTHER'S MA			C. T. C.		
100	1	FIRST	Rube	n Landi			FIRST	(	Clara M. Lo		LAS	ST
2 pd 0 1		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	1700	SECURITY NO.	17. INFORMANT		ADDRE			
A 485 11		no			220-10	0-4265	Mr. Ced	cil R.	. McCulloug	h, Cum		
<b>小沙</b> 旅游:		18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	nly one cause per	line for (a) (b	and ic	\ 0	1	437363		BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
A Section of the sect		PARTI DEATH W		TE CAUSE (a)	- (	ndu	es Cen	and.				
				DUE TO, O	R AS A CONS	EQUENCE OF	1	0	1 1		150	
de other		Conditions, if ony, which gave rise to immediate (b)										
8 2113		cause (o), stoting the DUETO OR AS A CONSEQUENCE OF										
1 486		underlying cause last. (c) Wellesman larger										
n ugne Then pl to burn	NO	PART 2 OTHER SIGN	VIFICANT		ONTRIBUTING	TO DEATH BUT	Och ELATEDO	THE TERMI	NAL DISEASE OR CON	DITION GIVE	MPART II	Theces
he be	TIFICAT	19a DATE OF OPERA	TION	196 COND	ITION FOR WI	HICH OPERATIO	ON WAS PERFORME	D	200 AUTOPSY?			SOF DEATH?
5 4 1 5 E	15	210. ACCIDENT WAS UNE	DERLYING [				21c HOW INJURY	Y OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	- And
34 447 10	1 4	OR CONTRIBUTING		NI II	.M. MONTH	DAY YEAR						
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MEDIC	21d. INJURY OCCUR		21e. PLACE	OF INJURY		21f. LOCATION		1.50			
Of the party of th	18	WHILE NOT WE AT WO	TILE	(AT HOME, ST	RFET, FACTORY, OF	FICE, FARM, ETC ]	STREET		CITY OR TO	WH	COUNTY	STATE
A SO		22a.l certify that (h)		ital) attended th	ne deceased fr	om 2.11	G 1	027	to 5//	7 1	.87	that (1) (we) last
NA STE		saw the decease	ed olive an	210	3	22	nd that in (my) (aur	) apinion d	eath accurred on the d	ate and haur	and fram the	
A SHEET IN		abave, (1) (we) (d	did) (did no	at) view the body	ofter death.	<i>a</i> .	DEGREE				22c DATE	ESIGNED
0 0 0 0 0 5	-	1.0	00	0	100		ATTE	NDING _	MEDICAL STA	FF.	3/	14/22
HOSPI: And by FUNEI And be the Stell		22d. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)	-	-	22e ADDRESS		PHYSIC	•	120.	710/
O HOSPIN TO FUNER Should be with the St							4		. Centre St			
TO HOSP etoined 1 TO FUNE should be with the S	-	Dr. W. I		Ton 5 :		52			rland, MD 2	1502		
		BURIAL, CREMATION,					CEMETERY OR CREA		23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP		Buri	al	02-17	-1987	Sunset	Memorial		Cumberla		legany	
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR			ADDR			FEB	REC'D. BY REGISTRAR	1256. REGISTR.	AR'S SIGNA	TURE
(VRA 15, 4)		James F.	Scarp	elli. C	umberla	and. MD	21502	L	1 9 13041		A STATE OF THE STA	- breeze



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

CERTIFICATE OF DEATH

HYG	IENE 8 / O		3	3	8	- 1
	February 11, 198	BAY		YEAR	7:100	PM
	6. AGE (IN YEARS LAST BIRTHDAY)  73 YRS.	MON	_	DAYS	# UNDER	24 HRS MIN.
	9 BALTIMORE CITY OR COUNT Allegany					MD.
	120 USUAL OCCUPATION  1 TYPE OF WORK FOR MOST OF WORKING &  HOUSEWIFE.		12b IND	KIND O USTRY	F BUSINE home	SS OR
5?	13e.STREET ADDRESS / ZIP COD 913 Lexington		VE	enue	/215	02
Ma	AE Beltz			LAST		

1. DECEASED NAME (TYPE OR PRINT) MILDRED REGINA MILLER 5. DATE OF BIRTH 3. SEX 4 RACE 10-06-1913 female white To. BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cumber land Memorial Hospital USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS Allegany Cumberland YES K NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN MIDDLE LAST Thomas Fahev 16n WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17. INFORMANT 220-38-0192 Mrs. Linda A. Nield, Cumberland, MD-daughter no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE MINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 22a I certify that (1) (this hospital) attended the deceased from sow the deceased miner and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Memorial Hospital & Medical Center Dr. Peter Halmos Cumberland, MD 21502 23b. DATE

23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

7 - STATE

REGISTRAR

DHMH - 16 60M 7/B4 (VRA 15, 4)

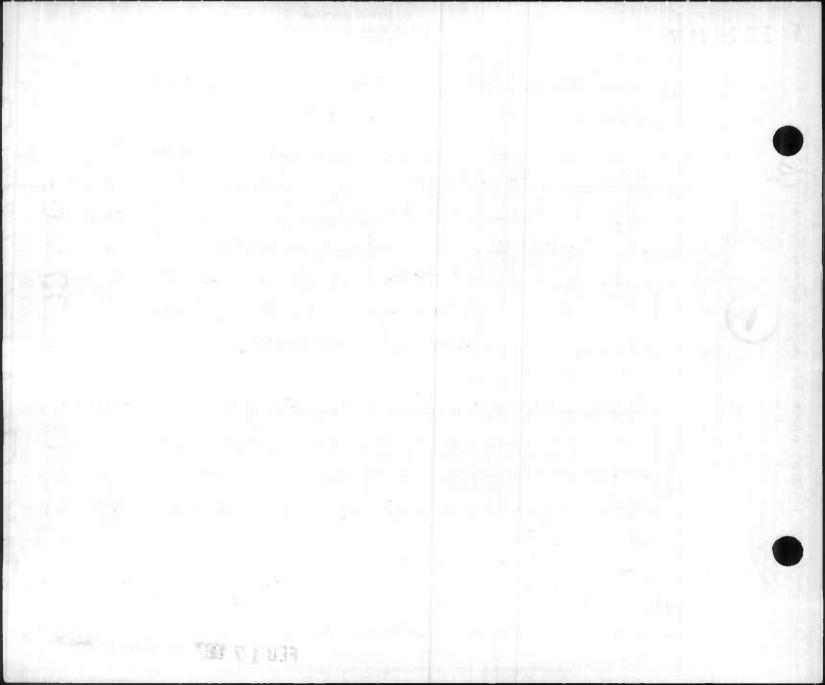
ORTANT.

Burial

23¢ NAME OF CEMETERY OR CREMATORY Sunset Memorial Park 23d LOCATION

Cumberland Allegany

James F. Scarpelli, Cumberland, MD 21502



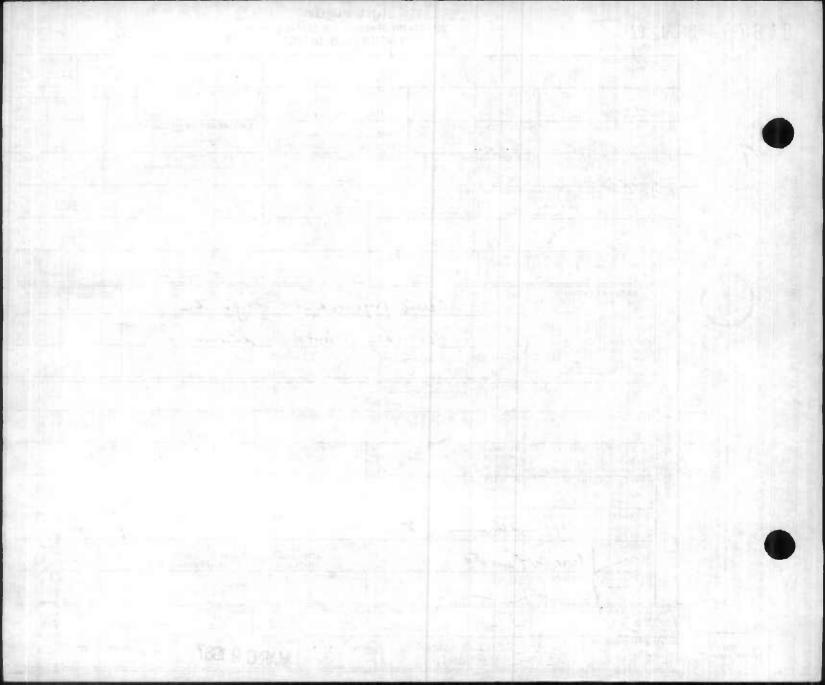
	16	Items #13			MENT OF H	OF MARYLA	AND MENTAL HYC	IEME .			45	
007 550	II.	- STATE REGISTRAR		DETAR				8 / REG. N	~ ~		8 2	
S & / FEE	I DE	CEASED NAME FIRST		MIDOLE	Ĺ	AST		10 01112 01 021111	MONTH DAY	YEAR	26 HOUR	
deor		RAI	MOND	• بل	MI	LLER	LIP'S	2/16/87			8:00 am	
e b			4 RACE				WE A D	6 AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS	
rrs of				te	4	9	29	\$857	YRS.			
bl dir	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN O	WHAT COUNTRY	8 MARRIE	XXNEVER A	AARRIED -	9 BALTIMORE CITY O	R COUNTY OF	OF DEATH		
in 72					WIDOWE	DO DE	VORCED	Anne Aru		MD.		
1 4 4 D	10. C	ITY OR TOWN OF DEATH				R OTHER INST	NOITUTION				F BUSINESS OR	
To of			North	Arundel	Hospi'	tal		Manager		Print	ting	
filled in	130	STATE 136. C	OUNTY	13c CITY OR TOV	VN		NO	134 STREET ADDRESS Wall	eye Dr	2/0	rofton	
Care Contraction	14 F.	FIRST	WIDDLE	LAST						LAST	MD	
Jam C		Raymond						5				
Jes 1						17 INFORMA	NT	ADDRE	SS			
Poor He				578-34-8	3734	Doris	H. Mi	ller s	ame as			
sicio peri		18 CAUSE OF DEATH (Ente	er only one couse p	er line far (a), (b), a	nd :c					BETWEEN	MATE INTERVAL	
phy on po emo	19			card	liopu.	lmonar	y arr	est				
r re										11,20	134 54	
		Conditions, if any, which ( cardiac arrthythmia										
1			e									
5 to 6		underlying cause lost	t. (502.10)	ok as a consequ	TENCE OF							
		PART 2. OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Ito		
2 4 5 ig	ON O											
prio prio	1 8	190 DATE OF OPERATION	196 CON	CONDITION FOR WHICH OPERATIO		N WAS PERFO	RMED	200 AUTOPSY?				
hos hos	Ē							YES NO NO			NO [	
SOI W	CER				AV VEAD	21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)		
g ph iol-tr intol	AL		OF DEATH		19							
D S D S	EDIC	214 INJURY OCCURRED	LAT HOME S		E 2 044 E 7 C 1	211 LOCATIO	N	CITY OR TO	WN	COUNTY	STATE	
offer the sthe	2	WHILE NOT WHILE	] (AI HOME S	FACTORY, OFFICE,	PARM EIC J							
Se o se o mo		220.1 certify that (I) (this h	haspitalizettendeel	Moderated from,	4/	12/82	., 19	to 2/16,	/87 . 19_		that (I) (we) last	
TOR for u of Hi					. 01	nd that in (my)	(our) opinian	death accurred on the de	ate and have an	d fram the c	auses stoted	
REC REC spt.		226. SIGNATURE	Id Half view the Bad	1//	1	DEGREE				22c DATE	SIGNED	
£ 7 5 0 -		11ma	al ()	Swhi	101	7	TTENDING THYSICIAN	MEDICAL STA	FF DAN D			
AN Sto	1	226 PHYSICIAN'S NAME (	TYPE OR PRINT)	/					101.			
Should be with the S	1	Ronald C.	Sroka.	MD		# 3 4	illage	e Green				
0 00= 4/	1					Croi	LOTI	Maryland 2				
should should with IMPO	730	BURIAL CREMATION DEALO	VAL 236 DATE			FWELEDA UD 1						
_	23a.	BURIAL, CREMATION, REMO				Weter		CITY OF TOWN	rille 1	יזאעכ	STATE	
BP		BURIAL, CREMATION, REMO (SPECIFY)  Burial  UNERAL DIRECTOR		9 1987 Ma	ryland	l Veter	ans Cer	CITY OF TOWN	ville, N		and	
	by the hospital or ottending physicion.  RAL DIRECTOR: After this certificate has been signed by the official and physician and campletely fill detached for use as the buriol-transit permit. Then proceedings are encounted to the Dept. of Health and Mental Hygiene prior to bure the medical removal.  NT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the medical examples in	The hospital or ottending physicion.  DIRECTOR: After this certificate has been signed by the outroining physician and campletely filled in by the funeral director, page 3 CD tocked for use as the buriol-transit permit. Then promote the page 1 of 402 shoold be filed within 72 hours after death as bept, of Health and Mental Hygiene prior to bur. Cample removal.  If Item 21 is marked or liem 18 show, any injury, or ather traumatic event, the medical examples most be notified at the medical examples most be not filled at the medical examples most benefit at the medical examples most	REGISTRAR  RAY  DECEASED NAME FIRST  RAY  3. SEX  Male  76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Washington D.C  Washington D.C  Washington D.C  10. CITY OR TOWN OF DEATH  Glen Burnie  Usual Residence in Nursing Hotele in Nurs	REGISTRAR    DECEASED NAME   FIRST   RAYMOND	REGISTRAR    DECEASED NAME	REGISTRAR    DECEASED NAME   PREST   PRODUCTION   PRODUCT	DECEASED NAME  THE DECEASE NAME  THE DECEASED NAME  THE DECEASED NAME  THE DECEASED NAME	REGISTRAR  CENTIFICATE OF DEATH  CAST  CAS	REGISTRAR  RAYMOND L. MILLER  2/16/87  RAYMOND L. MARRIED LANGUAGE AND	REGISTRAR  REGISTRAR  RAYMOND L. MILLER  2/16/87  1. SEX  1. S	REGISTRAY  REGISTRAY  RAYMOND L. MILLER  2/16/87  2/16/87  2/16/87  RAYMOND L. MILLER  3.5EX  MARRIED WASPER MARRIED L. MARRIED MARRIED L. MARRIED MARRIED L. MARRI	

insigned february admid - elevate as 10 college . . . senting and Maryland Anna Arendell Crestion | Mr. et yes Koreme 376-34-3734 Corts S. Willer and to ISe AILIE CHARLES , DON'T OFF - Tole . o all the Regist . Allyamore .m. sanually badyant fall (1817 Large) is attommed \$0005.

046512 MAR	ιÜ	FOR STATE REGISTRAR CEASED NAME	FIRST		ST DEPARTMENT O DICAL EXAMI	FHEALTI			TH / RI	EG. NO.	3 ONTH D	OAY YE	8 o	
28. E.S. E.T.		PE OR PRINT)		oseph W.	Moss				OF EST DEATH MAT	1- 600	Feb.		87 SAM	
RY, PLE DIRECTO OUR FIL 172 HOL	3. SE		ite	Nov. 3, 1				NDER 24 HRS.	2c. DATE PRONOUNCED DEAD		26		87 350 PA	
NEGESS WITHIN WITHIN	P.C	RTHPLACE (STATE OR PREIGN COUNTRY)  Lest Virgi:		7h CITIZEN OF WHAT COUNTRYS								ITY OF DEATH		
Y DELAY IS NECESSARY, PLEASE AIN PAGE 5 FOR YOUR FILES. ID BE FILED, WITHIN 72 HOURS RRDS: 301 W/ PPERTON STREET,		Cumberland	d	15 East	PITAL, NURSING HO	(S)	HER INSTITUTION	FOR /	JAL OCCUPATION WORKING LINE THE MU	EE)		176 KIND OF BUSINESS OR INDUSTRY Park Dept.		
ZIZ AND AND AND AND AND AND AND AND AND AND	13a S	AL RESIDENCE (IF IN NO. TATE  Taryland	136. COUNTY Alle	other institution, giv Y Bany	13c. CITY OR TOWN	1	13d INSIDE CITY LIM	IITS?   13e STR	EEI ADDRESS 15 East	First	St.	t. 21502		
DEATH III GES 1, 2, AND AND 2 S	14. F.	ATHER'S NAME FIRST Cha	arles I	Middle Moss	LAST		15. MOTHER'S A	MAIDEN NAME	zabeth S			LAST		
ALTIMO AFTER E SIVE PAC TH FORM AGES 1 //SION 6	160. V	WAS DECEASED EVER ES, NO, OR UNKNOWN) NO	IN U.S. ARM	ED FORCES? AR OR DATES)	OFORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDITIONS				DRESS k, Cu	,21502				
DS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  GENTED WITH 24 HOURS AFIER DEATH, IF ANY DELAY IS ITED INTO THE FALEX CALLER ALONG WITH FORM PM. 3. RETAIN PAGE 18U A TRANSPERS PRINCIPLE OF THE PAGE 1 AND 2 SHOULD BE FILED.  ALONG WITH FORM PM. 3. RETAIN PAGE 2 BUT A TRANSPERS PRINCIPLE OF THE PAGE 2 AND 2 SHOULD BE FILED.  ATTOM PM. WEIGHE, DIVISION OF WITH RECORDS, 201 VIOLENT PAGE 3.	MEDICAL CERTIFICATION	18. CAUSE OF DEA' PART I DEATH W  Conditions, if gove rise to couse (o) stating lying couse lost	/AS CAUSED  IMMEDIATE  ony, which  immediate  the under-	BY:  C AUSE (o)  DUE TO, OR A  (b)  DUE TO, OR A	Myoca As a consequenc As a consequenc	E OF	Infarct					APPROXI BETWEEN C	MATE INTÉRVAL ONSET AND DEATH	
DIVISION OF VITAL RECORDS, 26 ATE, WRITING THE WORD PERIOD FERVED FORWARDED TO THE CHIEF MDICALES OR: PAGES SHOULD BE USED AS A BUIL HE STA TE DEPARTMENT OF HEALTH AND AND, 21201 PRIOR TO BURRALL CREMATION		19a. DATE OF OPERA	ATION SE WAS	19b. CONDIT	UT NOT RELATED TO THE TE ON FOR WHICH OP INJURY MONTH DAY YE	PERATION W		,	HI YRULM TO BRUTAN	ITFM 18 PART I		70 AUTOF	_ ~	
	MEDICAL	UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COUR  21d. INJURY OCCUR  WHILE CONTRIBUTION NOT AT WORK	CAUSE OF DE RED WHILE	21e PLACE O	19	211 LC	CATION		CITY OR TOWN		COUNTY		STATE	
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTMORE, MARYLAND, 2	730.8	27a. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, R	Noturo	anni Mast	ribed obove, held on Accident , , , , , , , , , , , , , , , , , , ,	Suicide	Homicide TITLE (SPECIF Deput	Seton I	Inquiry X, ermined monner ICAL EXAMINER Drive Cu	, D S	DATE SIGNED.	2-20	6-1987 21 <i>5</i> 02	
BP DHMH - 17 (VR A 15 ME (5)) 15M 2/80	{:	Burial UNERAL DIRECTOR		03-01-198 ADDRESS		ood C	emetery			andolo BEGISTRA		PTURI.	STATE INV	

MAK 0 2 1991 Lan John Dalen

0 4	6780 MA		tem #6, Item # 2FOR7 STATE 4/15/8 REGISTRAR	36 SB			CERTIF	OF MARYLAND EALTH AND MENTA ICATE OF DEATH	1	3	REG. NO.	0	3	3	8	1
	4. m.e		CEASED NAME FOR PRINT)	FIRST		MIDDLE		TALAN/	20	DATE OF D				rEAR	26 HOL	
	nay be page 3 er death			NORA		F.	MULL				uary					M
	ge 4 mo	3 SE Fe	x male	4	RACE White		S. DATE C	mber 2, 190		AGE (IN YEAR)	S LAST BIRTHO		IF UNDER	DAYS	HOURS	MIN MIN
	Pool Pool		IRTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIE	D 0	BALTIMORE		COUNTY	OF DEA	TH		
	of 72	We	st Virgini		U.S.A		WIDOWE	DIVORCE	D 🗆	Alle						MD.
5	by the fune filled within		Sternport	тн 11	(IF NOT IN SUC	HOSPITAL, NUR HEACILITY, GIVE STR Manor	EET ADDRESS)	Home		USUAL OC TYPE OF WORK FO HOME		WORKING LIFE	E) 12b. K	IND OF	ne ne	IESS OR
	filled in E	USU 13a	AL RESIDENCE (IF NURSI	13b COUNTY	HER INSTITUTION		FORE ADMISSION)	13d INSIDE CITY LIM	NITS? 13	e STREET AD	DRESS MAY	10 h	,		562	
I A	shy sh		uryland	Alleg	any	wester	ripora	YES (C) NO [		110760	TE MOCE	10,0				
MAN	The samples of the sample of the samples of the sam		Louis	MIDI		Evans		Verna			WIDDLE		u	att	8	
Mont	e execu	160	WAS DECEASED EVER I YES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE WA	D FORCES? AR OR DATES)	213-44		Margie Nor	rthcr	aft -	Cumbe		d, N	lary	lano	t
., 50.	thicate by		18 CAUSE OF DEATH PART I. DEATH WA	A (Enter anly of AS CAUSED B		L	and (c).)	gocordial	7	ofre	Zon				AATE INTEI INSET AND	
KDS, ZOLW. PRESION	equires that the death in signed by the attent. Then please remave can to burial, cremation, an injury, or other traumint.	NOI	Conditions, if ony, gave rise to imm couse (o), stating underlying couse  PART 2 OTHER SIGN	nediate g the last.	(b)	R AS A CONSEC	DUENCE OF	Artan	HE TERMIN	disease (	OR CONDI	TION GIV	EN IN P	ART 1(o	1	
IL RECO	on. hos beer r permit. ene prior	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED		YES .	NOX	20b. IF YES IN CERTIF YE	YING C	FINDIN	GS USE OF DEAT	TH?
	SICIAN: The ng physicial certificate burial-transit ental Hygie them 18 she		21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY O	OCCURRED	ENTER NATUR	RE OF INJURY	IN ITEM 18, P	ART I OR P	ART 2)		
NISION	offending of the bury of the offending of the	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR		21e. PLACE	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET		c	ITY OR TOWN		COUN	ITY	S	STATE
	TENDIN or use a or use a of Health		22a. I certify that (I) sow the decease abave, (I) (we) (d				574		g_ opinion dec	, to	2/25 on the date		19_ <b>7</b> 1		hat (I) (	
	IAL OR ATTEN y the haspital xat DIRECTOR; detached for us inte Dept of He VI: If Hem 21 is		22b. SIGNATURE	significant w	Tan 1	after death.		DEGREE ATTEND PHYSIC	DING	MEDICAL DIRECTOR C	STAFF	AN 🗌		3-3-	-87	
	TO HOSPITAL retained by the TO FUNERAL should be dette with the State		22d. PHYSICIAN'S NA	ME (TYPE OF PR	FC L			22e. ADDRESS Frostbu	vrg, I	MD 21:	532					
	BP	23a.	BURIAL, CREMATION, I SPECIFY) WUAL		23b. DATE 2-28-8			emetery or cremat Memorial P	Park	Cumbe	rland					
D	HMH - 16 50M 7/77 (VR A 15 (4))	24 F	uneral director G 02 Greene	eorge- Street	Upchur -Cumbe	ch Fune rland, I	ral Hon MD 215	ne, P.A. 125 02	MAR	0 9 198	STRAR	Lia D	RARISS	IGN (III	(Stable	Α.



injury, or other froumotic event,

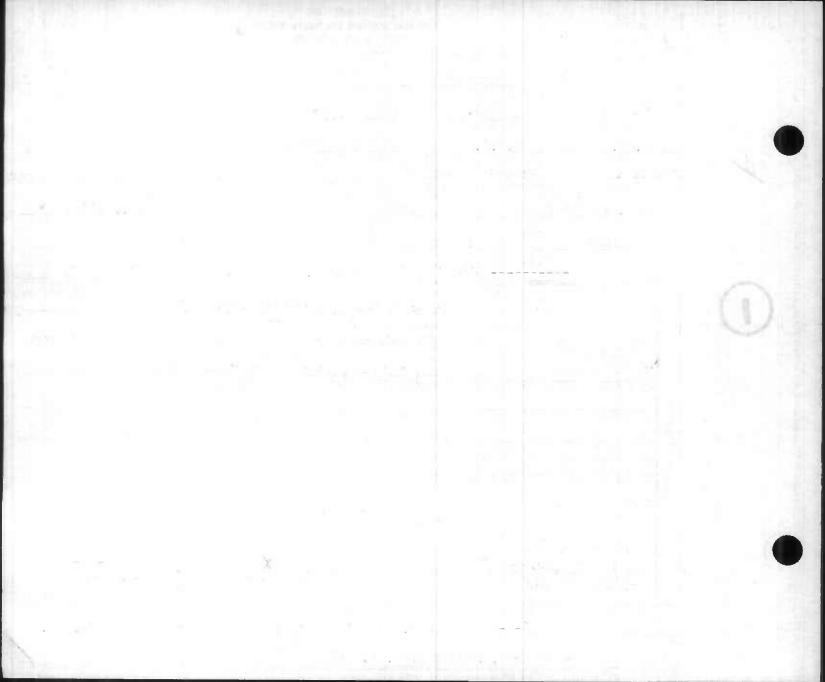
## STATE OF MARYLAND

3

101	REGISTRAR			4411111		REG. N	10.		-	
	ECEASED NAME FIRST	MI	DDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
	ANN	A PA	AULINE		OROURKE	February 2	7, 198	7	3:55	AM
3. 58	EX	4 RACE		5 DATE O		6. AGE (IN YEARS LAST BI		F UNDER ) YEAR	IF UNDER 24 H	RS
	Female	Cau			h 14.1907	79	YRS.	DATS	HOURS	IN.
-7a. E	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH		
	W.Va.	U.S.A.		WIDOW		Allegany				MD.
	mberland		OSPITAL, NURSING FACILITY, GIVE STREET AE L HOSPITA		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Sales Lad	OF WORKING LIFE)	INDUSTRY	ring St	
13a.	JAL RESIDENCE (IF NURSING HOMI STATE 136. CC Mara and All	I	IVE RESIDENCE BEFORE A 3c. CITY OR TOWN Westernpo	1	13d. INSIDE CITY LIMITS? YES (X) NO []	130 STREET ADDRESS 422 Maryl				
14. F	ATHER'S NAME	WIDOLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	ST.	
	Louis		Tucci		Edith B		er	100		
	WAS DECEASED EVER IN U.S.	CINE WAR OR DATES	66 SOCIAL SECUR		17. INFORMANT	ADDR	ESS			
	NO =		232-01-13	18	Harry L. O'RO	urke, same	as 13	3		
	18 CAUSE OF DEATH (Enter	only one couse per li	ne far (g), (b), and	ici.li				BETWEEN	MATE INTERVAL ONSET AND DEA	TH
	PART I. DEATH WAS CAU	JSED BY: HATE CAUSE (o)	Cound	:01	essa satore	Arres	4			
	I WWW.E				1					
		DUE TO, OR	AS A CONSEQUEN		1				10	,
	Conditions, if ony, which	(b)	1.70	eun	May a			4	& KELL	<u>Y</u>
	cause (a), stating the	DUE TO, OR	AS A CONSEQUEN	ICE OF	0 0 1	-1 -1				
	underlying couse lost.	( (c)	let	1 0	uof sor!	Marin	n		-	
_	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CON	NTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR COM	DITION GIVE	N IN PART 10	0	
ō			10.00							
CA	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH C	PERATIO	N WAS PERFORMED	206 AUTOPSY?		WERE FINDIN		
E						YES NO	YES	4	NO [	
CERTIFICATION	210 ACCIDENT WAS UNDERLYING	tend transcen a se		VEAR	214 HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAI	RT 1 OR PART 2)		
AL	OR CONTRIBUTING CAUSE OF			YEAR						
MEDICAL	21d INJURY OCCURRED	21e. PLACE O		17	211 LOCATION					_
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREE	T. FACTORY, OFFICE, FAR	RM, ETC )	STREET	CITY OR T	OWN	COUNTY	STATE	
		underly attended the	descend from	-	2/26/1087		1201.	220	41	
	22a.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on 2	126/1987	<u>&gt;</u> , o	nd that in (my) (our) apinion d	eath occurred on the c	late and havi	and from the	causes stated	ost
	774 SIGNATURE				DEGREE			22c. DATE	SIGNED	
	1	wo	-		ATTENDING PHYSICIAN IX	MEDICAL STA		2-27	-87	
	274 PHYSICIANS HOME IN	n open			22e ADDRESS Memori	al Hospita	1 Med.	Bldg.		
	Dr. Riaz Jan	Jua				land, MD 2				
23a.	BURIAL, CREMATION, REMOV	AL 236 DATE	23c NA	AME OF C	EMETERY OR CREMATORY	723d. LOCATION				
	Burial	3-2-87				CITY OR TOWN	a to the - 1 - 1	COUNTY	STATE	
24 5	FUNERAL DIRECTOR	13-2-8/	IST.	rea	ter's Cemetery	Westerno	ont. Al	legany	, Md.	
		0 11	ADDRESS		'MAR	REC'D. BY REGISTRAI	CZ30. KEGISTK	AK 5 SIGNAT	UKE	
F	redlock Funero	il Home. P.	iedmont.	W.Va	26750	1981	Carterio 9	STATE OF	47	

Fredlock Funeral Home, Piedmont, W. Va. 26750

DHMH - 16 60M 7/B4 (VRA 15, 4)



17 FOR STATE REGISTRAR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

Greenspring

0 3 3 8

		CR PRINT)	FIRST	,	WIDDLE	Į.	A51		26. DATE OF DEATH	MONTH	DAT TEAK	ZE HOUR	(
	(ITPE		NNIE	J.	EAN	PA	RRY		February	14, 1	1987	2:30	Рм
	3. SEX			4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	HDAY	IF UNDER 1 YEAR	IF UNDER 2	MIN.
	-	Female		Whit	e	Apr	11 25, 193	38	48	YRS	MONTHS DATS	HOURS	MIN.
7		RTHPLACE (STATE OF	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	8			9. BALTIMORE CITY O		Y OF DEATH		
2	M	aryland	700	U.S.	Α.	WIDOWE	D NEVER MAR	RCED	Alleg	any			MD
, il		TY OR TOWN OF DEA	TH ,		HOSPITAL, NURSIN	G HOME C			120. USUAL OCCUPATION			OF BUSINES	
1	Cı	umberland		Memoria	al Hospit	al			Housekeepe		ife) Industry Hom	е	
Z	130 S		13 COUN	TY	13t. CITY OR TOW		134. INSIDE CITY	LIMITS?	13e.STREET ADDRESS	ZIP COD	DE O	(31)6	6
1		WV	Hamp	shire	Greenspi	ring		KK0	P. O. Box	46	7	747	
1	14 FA	THER'S NAME		AIDDLE	LAST		15 MOTHER'S M.		MIDDLE		1.4	51	
7		Edward	i	L.	Davidson	1	Ma	ary	Mildre	ed	Twigg		
1		AS DECEASED EVER			16b SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS		Md	
2	(1)	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	232-60-8	142	Tammy Su	ue Gur	tler, 413 H	<b>lammo</b>	nd St.W	ester	npor
		18. CAUSE OF DEAT	H (Enter onl	y one couse per	line tours i lb i and	dicar					BETWEEN	ONSET AND D	VAL
	13	PART I. DEATH W	'AS CAUSE	BY: E CAUSE (a)	MILIER	10					48	Kis	
			MMEDIAII		a un colucious	uct or	^	0 0					ned.
		Conditions, if ony,	which	DUE 10, O	R AS A SOUSEOUE	NCE OF	Direc V	llan	mutry D	week	6 3	nen,	Mis
		gove rise to imr	nediate	(6)	1/1/2/	1	CALIFOC I	()	d				
		couse (o), stating underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF		V.	V		100		
		PART 2 OTHER SIGN	LIEIC ANT C	ONDITIONS CO	ONTRIBUTING TO F	SEATH BUT	NOT PELATED TO	THE TERM	NAL DISEASE OR CON	DITION G	IVEN IN PART 1	0	
	N N	PART 2. OTHER SIGN	AILICAIAL C	0110110113	SIAIKIBOTINO 10 E	<u> </u>	NOT KEENTED TO	J THE TERMIN	TYAL DISEASE ON CON	71110.401	(*E) *    * ( ) * ( )		
-	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	NED	200 AUTOPSY?		S, WERE FINDI		
	FIC	2-11-87		()	Morrie 0	Flost	meters	-	YES DI NOT		IFYING CAUSES	OF DEATH	
1	ERT	210. ACCIDENT WAS UNI	DERLYING [	21b. TIME O	OF INJURY		21c HOW INJUR	RY OCCURRE	ED (ENTER NATURE OF INJUI				
		OR CONTRIBUTING	CAUSE OF DEA	18		AY YEAR							
	MEDICAL	(IF EITHER NOTIFY MEDI		P. 21e. PLACE	M.	19	211 LOCATION						_
	WE	WHILE I NOT WE	OF C		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	51	ATE
d		AT WORK AT WO	RK -			7/	4	87	7/	1	87		
		22a   certify that (1) saw the decease		/ /	e deceosed from	8-51	D. Jahania (m.) (au	19	eath occurred on the de	7	., 19_0,	that (I) (w	
		obove, (I) (wg) (	did) (did not	H view the body	after death.	(		opinion o	earn occurred on the di	ne ond no			rea
		226. SIGNATURE	1. 1	17)	L. 1 -	711	DEGREE	ENDING &	MEDICAL STAI	e e	22c. DATE	SIGNED	7
		que	wif	NE	full !	WI	PHY	YSICIAN Z	DIRECTOR PHYSIC	IAN 🗌	211	6/8	/
		22d. PHYSICIAN'S N	AME (TYPE O	RPRINTI			22e ADDRESS	[emoria	al Hospital	Med:	ical But	Llding	g
		Dr. Ric	hard	Snider			C	umber	land, MD 21	502			
		URIAL, CREMATION,	REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CRE	MATORY	23d: LOCATION		countr	- 1	WI.

Forest Glen Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

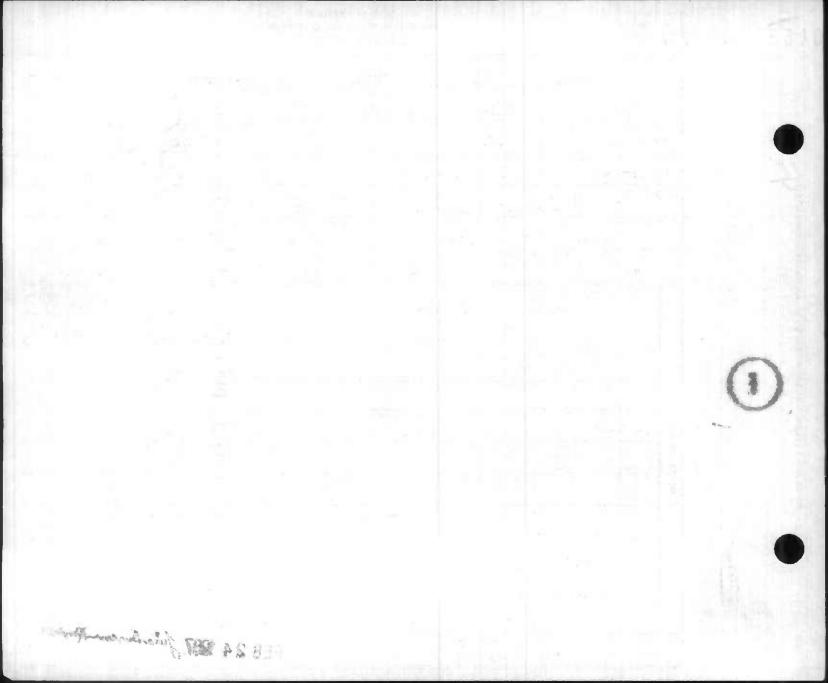
TO FUNERAL DIRECTOR: After this certificate hos b

MPORTANT: If Nem 21 is

Burial

NAME Shaffer Funeral Home, Inc.

2/18/97



moy be

FOR

- STATE

STATE	OF	MARY	LAND
-------	----	------	------

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	3	3	9

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Dividen Rondon

REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	).		
DECEASED NAME	FIRST	M	IDDLE		AST	2a. DA1			DAY YEAR	26 HOUR
TYPE OR PRINT)	illiam	Wa	alter	Patt	erson	1	ebruar	y 25	,1987	A
SEX	4.6	RACE		5. DATE C			IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	Obs. P	White		MONTH	t. 26.192			YRS.	AONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE	OR FOREIGN 76.		VHAT COUNTR	Y? 8.		9 BALT	IMORE CITY O		OF DEATH	
Marylan	d	U.S.A	Δ.	MARRIE	-	Δ-	llegany	r		MI
CITY OR TOWN OF		NAME OF H	OSPITAL, NUR	SING HOME	OR OTHER INSTITUTIO	N 12a US	UAL OCCUPATION	NC		F BUSINESS OF
Midloth	2000	(IF NOT IN SUCH	FACILITY, GIVE STR		esidence	(TYPE OF	work for most of			tric
SUAL RESIDENCE (IF N	URSING HOME OR OTH		GIVE RESIDENCE BEF	ORE ADMISSION)				HICE	1 11100	0110
o. STATE	13b COUNTY	1	13c CITY OR TO		134. INSIDE CITY LIM		O. BO	221	, 2151	2
faryland FATHER'S NAME	Alleg	stry	Midlo	Dan Sta	15 MOTHER'S MAID	NNAME	.0. 002	757	1 Carol	-)
FIRST	MIDE		LAST		FIRST		MIDDLE	2/12	T T TO DO	
Adam WAS DECEASED EV	ED IN HIS A PAAFI		tterso		Mahala	Į.	ADDRE		ller	
(YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)							3.0	
Yes	W.W.	2	219-14	-6115	Eileen 1	atters	son, Sa	ine a		
18 CAUSE OF DE	ATH (Enter only of WAS CAUSED B		line far (a), (b),	and (c).)	1 - (	71			BET WEEN C	MATE INTERVAL INSET AND DEATH
PARTI. DEAT	IMMEDIATE C		Lorona	us 1	fear 1	Lalas	4			
PART 2 OTHER S  19a DATE OF OPE	IGNIFICANT CON	in 1	Heart	Ŧ	NOT RELATED TO THE		SEASE OR CONE		EN IN PART 1(0	
198 DATE OF OPE	KATION	198. CONDII	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	YES		IN CERTIF	YING CAUSES	OF DEATH?
21a. ACCIDENT WAS	UNDERLYING	21b. TIME OF			21c. HOW INJURY C					
00.00-,000,000,000		HOUR A.M	A. MONTH	DAY YEAR						
(IF EITHER NOTIFY M		21e PLACE C		19	21f. LOCATION					
WHILE NO!	WHILE WORK	(AT HOME STRE	ET, FACTORY OFFIC	E, FARM, ETC }	STREET		CITY OR TOV	VN	COUNTY	STATE
22a.1 certify that	-	attended the	deceased from	n	19_	to	2-	24	10 17	that (I) (we) las
saw the dece	ased alive an	2 -	24 19	1	nd that in (my) (aur) a	pinian death ac	curred on the do	te and have	-	
abave, (1)/we	) (did) (did nat) vi	ew the bady o	ofter death.	P '	DEGREE				22c. DATE S	
10					ATTEND	ING MEDI	CAL STAF	F _	2 - 2	0 05
224 PHYSICIAN'S	NAME POR COLOR	eut)			PHYSIC 27e ADDRESS	IAN DIREC	TOR PHYSIC	IAN []	1-1	100
Marine Santa			15 D			2.7	ירו ה	2	Channela	al a se al
	. Barr				<u> </u>	-	ed. Blo	R.	oumber	riand,
a. BURIAL, CREMATIO		3b. DATE	23	C. NAME OF C	EMETERY OR CREMA	TORY 23d. I	OCATION	12265	JEQUATE COS	nor shid
Burial		Feb. 2	5 67 F	rostb	arg Mem.	raru 1	BY REGISTRAR	1.63	Army OSC	0 3
FUNERAL DIRECTOR										

Frostburg.

Funeral Home.

BP. DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL

IMPORTANT: If them 21 is marked or them 18 s pre-

There is a second of the contract of De Server to the contract of t AND THE PROPERTY OF THE PROPER . High still the last well and the second Tree of a tree and a material man provide a force All authorities and a second s The second of the second secon

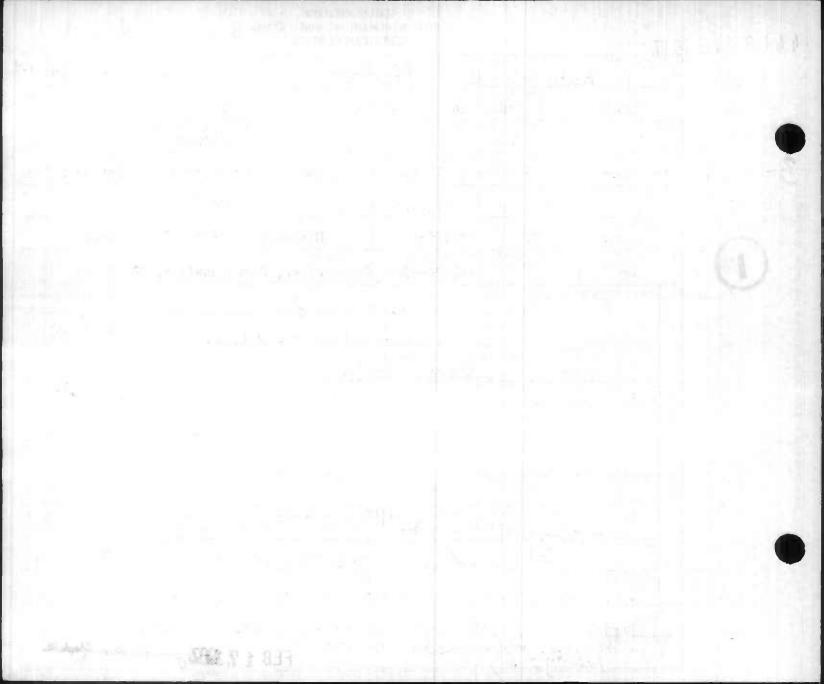
The at the terminate to the Language days .

044438 FEB

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5
CERTIFICATE OF DEATH	

1-	STATE REGISTRAR		DEPARIN		ICATE OF DEATH	9 /	U	3 0	7 1
	CEASED NAME FIRST Ruth		C.	Pfei	ffer	REG. N	MONTH O2	DAY YEAR	26 HOUR 240 PM
3. SEX		4 RACE Cauca	sian	5. DATE (	OF BIRTH	6 AGE (IN YEARS LAST BII	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED XX	9. BALTIMORE CITY O		Y OF DEATH	MD
	rostburg				or other institution ursing Home	120 USUAL OCCUPAT (TYRE OF WORK FOR MOST OF DOOKKEEP)		12b. KIND C INDUSTRY, reta	il sales
	AL RESIDENCE (IF NURSING HOME STATE 13b. CQ	OR OTHER INSTITUTION UNITY	Corrigan	V	13d INSIDE CITY LIMITS? YES NO [	134 STREET ADDRESS	/ ZIP COD	DE	
14. FA	George	C.	Pfeiffer		MTssour	i Isabe		Baker	şī
	VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN)   [IF YES, NO	ARMED FORCES? GIVE WAR OR DATES)	213-24-6		Irene Rizer,	Corriganvi			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED  Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF	antes Bai	leteral	•	2	Lag .
CERTIFICATION	PART 2 OTHER SIGNIFICAN ORDERS SIGNIFICAN 190 DATE OF OPERATION	si Cu	Service 7	rilu	NOT RELATED TO THE TERM  Redirichie  N WAS PERFORMED	200 AUTOPSY?  YES NO NO	20b. IF YE	VEN IN PART 11  PART 11  S, WERE FINDI	NGS USED
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	m. month da m.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJL	IRY IN ITEM 18	PART 1 OR PART 2)	
MED	21d INJURY OCCURRED	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY OFFICE F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
	22a.1 certify that (I) (this hose with deceased three abave, (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			7411	nd that in (my) (our) opinion o	, to death occurred an the d			that (I) (we) last causes stated
		) ( Jan	-dlm			DIRECTOR PHYSI		22c. DATE	SIGNED (1) F7
		ir, MD, F			224 ADDRESS unity Hospital		g, MD		
- (	Burial REMOV.  Burial	2/14/	1		dale Reformed			Somer:	
24 FL	INERAL DIRE HAT VEN	1. Ae Tole	r, Hyndma	n, PA	15545 FE	E REC'D. BY REGISTRAN	Julia d	TRAR'S SIGNA	ander

DHMH - 16 60M 7/84 (VRA 15, 4)



46026 MAR		FOR STATE REGISTRAR				CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REC	0 G. NO.	3 3	9 2
o e pe			rles	W. Phi	llips	l	AST	20 DATE OF DEAT 2/27/8		Y YEAR	5;10a M
4 may be tor, page after deat	3 SEX	(		1 RACE		5. DATE C	F BIRTH 29/10 YEAR	6 AGE (IN YEARS LAS	ST BIRTHOAY) IF	UNDER TYEAR	
rol direct 72 hours	. (	Male RTHPLACE (STATE OR FOR COUNTRY) aryland			WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	100	YRS.	FDEATH	
the fundamental	10 CI	TY OR TOWN OF DEATH		(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)	ROTHER INSTITUTION	Alleg.	PATION OST OF WORKING LIFE)	126. KIND O	MD.  OF BUSINESS OR
24 hours of tilled in by build be file	13a. S	ostburg AL RESIDENCE (HENURSING TATE 13 ryland	B HOME OR O	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE 131. CITY OF TOWN Bartor	AOMISSION)	1 Ta I  134 INSIDE CITY LIMITS?  YES X NO X	Ret. Min  13e STREET ADDRE BOX 177	SS / ZIP CODE	2	1521
MARYLAND ed within 24 mpletely filled bod 2 should examine; mus		THER'S NAME Everett		MODIE	Philip		Nancy			LA	ST
BALTIMORE, the execution ond co		VAS DECEASED EVER IN (ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166. SOCIAL SECU 213 09		Mrs. Edith		Barton,		21521
SII.	Y	18 CAUSE OF DEATH OF PART I DEATH WAS		CAUSE (o)	line for (o), (b), one  acule  R AS ACONSEQUE	ven	ral Fai	lure		BETWEEN 50	CMATE INTERVAL ONSET AND DEATH
DS, 201 W. PRESTON quires that the deserte signed by the all data hen please man cort to burial, cre neutan	NC	Conditions, if ony, v gove rise to immer couse (o), stating underlying couse  PART 2. OTHER SIGNIE	the lost.	(b) (c)	R AS A CONSEQUE RAS A CONSEQUE REMARKANTANTO TO TO THE CONTRIBUTING TO TO	NCE OF	Jelsnephuli Lluli (B) NOT RELATED TO THE TERM		ONDITION GIVEN		
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physicion. Wher this certificate has been sign os the burial-tronsit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows any injury	CERTIFICATION	190 DATE OF OPERATIO				OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYIII	WERE FINDI	
PHYSICIAN: TI ending physicia this certificate is buriol-tronsit di Mentol Hygi di or Item 18 sh	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED	JSE OF DEA	n	M, MONTH DA M,	Y YEAR	21c HOW INJURY OCCUR				
DO ON PROPERTY OF THE O	ME	WHILE NOT WHILE AT WORK  22a 1 certify that (1) (the saw the deceased	nis hospit	(AT HOME, STI	ne deceosed from	15	STREET  7 S  nd that in (my) (our) opinion	10 21	or town	87	that (I) (we) lost couses stated
TAL OR ATT by the hospin RAL DIRECT detoched for tote Dept. of		obove, (I) (we) teled 22b. SIGNATURE	5	( Jan	aller deoth	,		MEDICAL DIRECTOR   PH	STAFF YSICIAN [	371 DATE	51GNED 7/87
TO HOSPITAL C retoined by the TO FUNERAL should be detoi with the Store E	V		L.	Sandhir			48 Tarn Terr		stburg, M	D	
BP	1	URIAL, CREMATION, RE	MOVAL	3/2/8°	7 La:		EMETERY OR CREMATORY Hell Cemetery	Barton	Allegan		ryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	Boal Fune:	ral :	Service	Westernp	ort,	IMAD	0 3 1987	T I fred		TURE

the transfer the same of the same of

erol director, page 3

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	R
CERTIFICATE OF DEATH	1

3 3 0

2 55 7	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / D	3 3 7 3
	CEASED NAME FIRST	MIDDLE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
11111	RUTH	HELENE	PHILLIPS	February 7, 1987	1:25 A
3. SEX	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
/	FEMALE.	WHITE	MARCH 19 1909	77 YRS	MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	MARYLAND	USA	WIDOWED DIVORCED	Allegany	
Cu	mberland	Memorial Hospit		120 USUAL OCCUPATION	126 KIND OF BUSINESS OF
13a. S	MARYLAND 136 CAT	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	AND   13d INSIDE CITY LIMITS?	136.STREET ADDRESS / ZIP CODE RFD# 4 BRICE HOL	LOW ROAD <sup>21502</sup>
I4 FA	THER'S NAME FREDERICK	MIDDLE KIIFFNER	SR. ANNA		RAUTERMAN
	WAS DECEASED EVER IN U.S. A	IVE IMAR OR DATECT	JRITY NO. 17 INFORMANT	ADDRESS	
	NO	217-74-8	B853 DORATHY CORNA	ACHIA 618 AVONDALE	ARYTAND 21502
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF IC	11 14	
ATION	underlying couse lost	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE JER.  DEATH BUT NOT RELATED TO THE JER.  DEATH BUT NOT THE JER.  DEATH BU	VA.	EN IN PART 1101
TIFICATION	underlying couse lost PART 2 OTHER SIGNIFICATOR	CONDITIONS CONTRIBUTING TO	Diafetts, Hil	200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED , YING CAUSES OF DEATY?
ICAL CERTIFICATION	UNDERLYING COUSE LOST.  PART 2 OTHER SIGNIFICATA  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DISCORDING TO CAUSE OF DISCORDING TO CAUSE OF DISCORDING TO CONTRIBUTING TO CAUSE OF DISCORDING TO CA	CONDITIONS CONTRIBUTING TO-	OPERATION WAS PERFORMED  AY YEAR  19  216. HOW INJURY OCCUP	200 AUTOPSY? 206. IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICATE  190, DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	CONDITIONS CONTRIBUTING TO-	AY YEAR  19  216 HOW INJURY OCCUP  219  211 LOCATION	200 AUTOPSY? 200 IF YES IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATY?
- 4	Underlying couse lost  PART 2 OTHER SIGNIFICATE  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTHY MEDICAL EXAMINI  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that [I] (this hose saw the deceased alive o obove. (I) (we) (did) (did)	19b. CONDITIONS CONTRIBUTING TO-	AY YEAR 19 FARM, ETC.)  21t. HOW INJURY OCCUP STREET  19  19  19  19  19  19  19  19  19  1	200 AUTOPSY? 200. IF YES IN CERTIFY YES NO X YES RRED (ENTER NATURE OF INJURY IN HEM 18 PA	WERE FINDINGS USED YING CAUSES OF DEATU?  TO NO
- 4	Underlying couse lost  PART 2 OTHER SIGNIFICATOR  190, DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTHY MEDICAL EXAMINI 210, INJURY OCCURRED  WHILE AT WORK NOTWITE AT WORK  220, 1 certify that 11) (this hasp sow the deceased alive o obove, (1) (we) (did) (did in 22b, SIGNATURE	CONDITIONS CONTRIBUTING TO.  19b. CONDITION FOR WHICH  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, I	AY YEAR 19 FARM, ETC.)  211 LOCATION STREET  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? 200. IF YES IN CERTIFY YES NO X YES RRED (ENTER NATURE OF INJURY IN HEM 18 PA  CHYOR TOWN  deoth occurred on the dote and hour  MEDICAL STAFF DIRECTOR PHYSICIAN	WERE FINDINGS USED YING CAUSES OF DEATY?  TO NO STATE  COUNTY STATE  The county of the course stated t
- 4	Underlying couse lost  PART 2 OTHER SIGNIFICATE  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTHY MEDICAL EXAMINI  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that [I] (this hose saw the deceased alive o obove. (I) (we) (did) (did)	CONDITIONS CONTRIBUTING TO.  19b. CONDITION FOR WHICH  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, I	AY YEAR  19  216. HOW INJURY OCCUP  19  211. LOCATION  STREET  19 , ond that in [my] (our) opinion  DEGREE  ATTENDING PHYSICIAN  276. ADDRESSMEMO T.	200 AUTOPSY? 20b. IF YES IN CERTIFY YES NO X YES RRED (ENTER NATURE OF INJURY IN HEM 18 PA CHY OR TOWN	WERE FINDINGS USED YING CAUSES OF DEATM?  IND NO

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the oil should be detached for use as the burial-transit permit. Then please remainwith the State Dept of Health and Mental Hygiene prior to burial, cremat

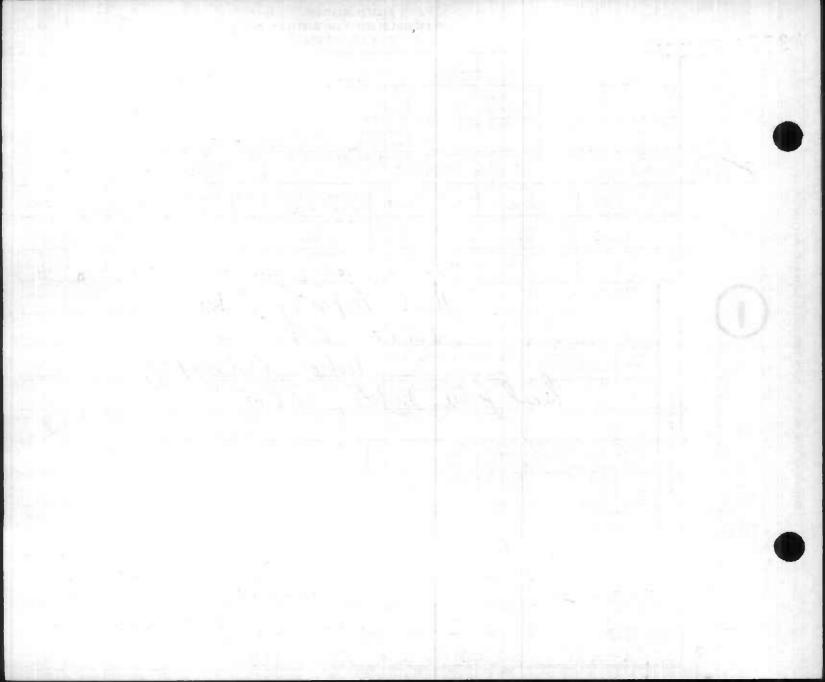
(VRA 15, 4)

24 FUNERAL DIRECTOR

CUMBERLAND ALLEGANY MARYLAND

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Divideon Randales

SILCOX-MERRITI FUNERAL HOME CUMBERLAND MARYLAND

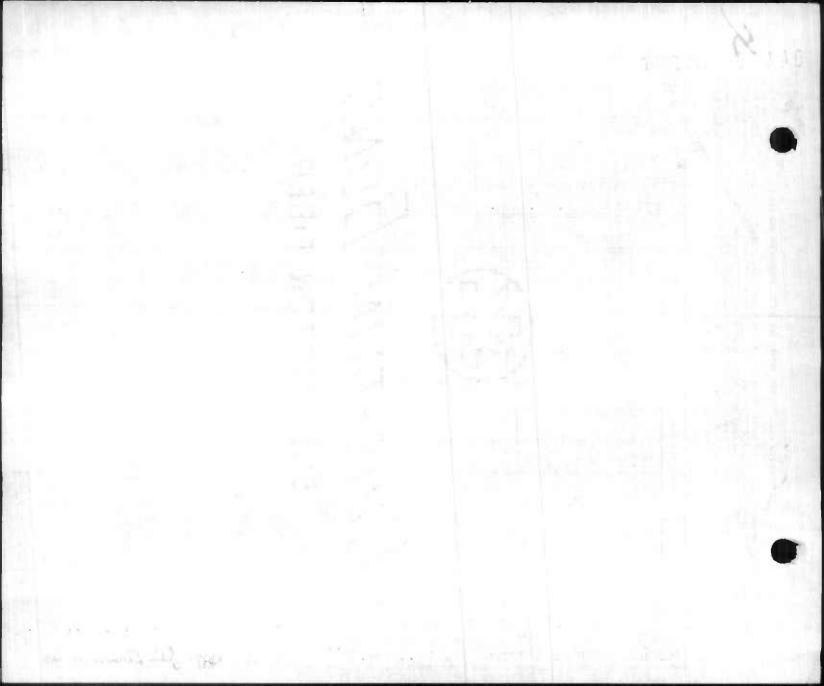


to.,

Homes

(VR A15 ME (5))

STATE OF MARYLAND



	Poge	direc
	HOSPITAL OR ATTENDING PHYSICIAN. The law requirement is not certificate be executed within 24 haurs efter death. Page oned by the hospital or attending physician.	5 FUNERAL DIRECTOR: After this certificate has been somed on the arrending physician and completely fulled in by the funeral during out be detached for use as the burial-transit permit. The integer reachanged ranges 1 and 2 should be filled within 72 hours in the State Dept of Health and Mental Hygiene prior to their communical, or removal.
	o o	2 2
-	-	ed th
2120	מחסר	in b
Q	24	Suid
EYLA	of fin	2 sh
MAR	3	Ja E
ORE,	ecut	d co
IIW	9	Pool
BALI	o e	ysicio opers vol.
ST.,	printio	g ph
NO	th ce	corb corb
REST	-	6.00
×.	E	r. it
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	13	100
DS,	1	
S	5	nit. I
LRE	e fo	hos b
/ITA	ysicio	onsit
OF.	CIAP	ol-tr
ON	HYS	his c
IVIS	JG P	ter t
۵	207	R. Af
-	ATTE	CTO
	HOSPITAL OR ATTENDING PHYSICIAN: The la oned by the hospital or attending physician.	5 FUNERAL DIRECTOR: After this certificate has been is med by the creeding physics ould be detached for use as the burial-transit permit. This relians is seen as one band of the brial transit permit. This relians is seen as the burial-transit permit.
	TAL by th	RAL
	OSPI ed b	d be
	I	130 th

145228 FEB 28

97 FOR STATE

TYPE OR PRINTS

FEMALE

3. SEX

āM

REGISTRAR

TO BIRTHPLACE ISTATE OF FOREIGN

MARYLAND

UMBERLAND

PERRY

(YES NO OR UNKNOWN)

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gave rise to immediate cause (a), stating the

underlying cause last.

MARYLAND

14 FATHER'S NAME

NO

CERTIFICATION

10 CITY OR TOWN OF DEATH

EIRST

Martha

4 RACE

ALLEGANY

IMMEDIATE CAUSE

MIDDLE

DECEASED NAME

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 26 HOUR Radigan 02 18 87 8.25 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR AUGONTH 27 DAY 1911 75 WHITE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Allegany U.S.A. WIDOWED DIVORCED MD. 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY CAFETERIA WORKER SCHOOL LIONS MANOR NURSING HOME 134 INSIDE CITY WASTS? 13e.STREET ADDRESS / ZIP CODE 21545 CALLA HILL 15 MOTHER'S MAIDEN NAME LAST MIDDLE CRUMP ELIZABETH BLANK 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) MR. CARL BLANK, ECKHART, MD 214-34-1325 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) AS A CONTEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DE IF YES WERE FINDINGS USED 200 AUTORS IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2 211 LOCATION CITY OR TOWN COUNTY STATE STREET

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Fig. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 710 ACCIDENT WAS UNDERLYING **21b. TIME OF INJURY** HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET EACTORY OFFICE FARM ETC ) NOT WHILE AT WORK 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on 2-17 abave, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred an the date and hour and fram the causes stated 27b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS

FRASTRID

V. A. Ranjithan, M. D. 23g BURIAL CREMATION REMOVAL Hauria. 2/20/87

LMNH, Seton Dr., Cumberland, MD 21502 23E NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN ST. GEORGE'S EPIS

STATE MT. SAVAGE ALLEGANY

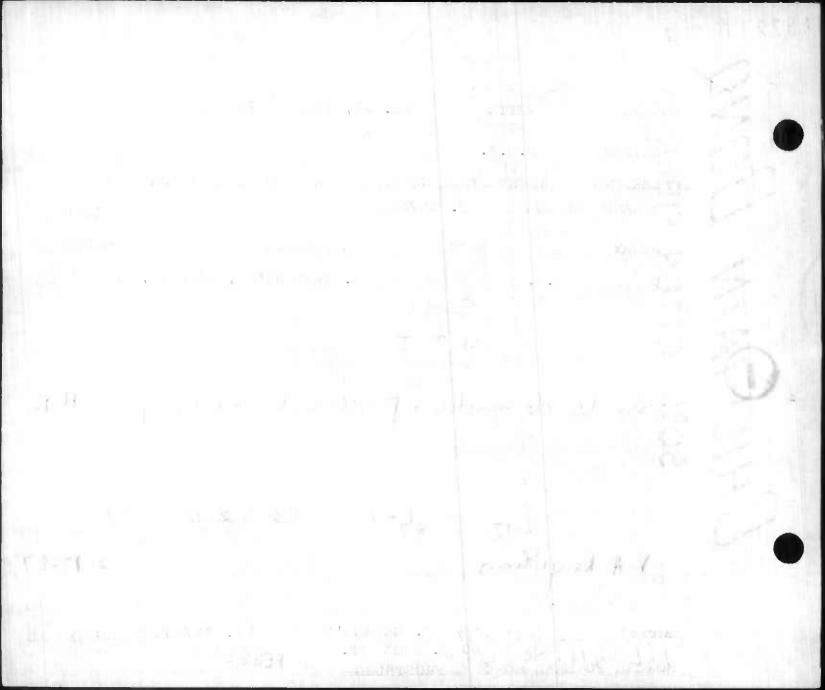
Wes MAIN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FEB 2 5 1987

DHMH - 16 60M 7/84 (VRA 15, 4)

21

MPORT,



	١,	FOR		DEP			ARYLAND AND MENTAL H	YGIĘNE -		0 3	3	9	6
145227 FEB	25	STATE REGISTRAR		MEDIC	AL EXAMIN	VER'S C	ERTIFICATE O	F DEATH	REG.	NO.	63		1
		F OR PRINTI	RST	MIDI			LAST	20. DATE	KNOWN ESTI-	нтиом СХ	DAY	YEAR	26 HOUR
25 S S F S		Ra	•	G.		itchi		DEATH	MATED	□ Feb		19 87	1330
PLEA PECTON PR FILE STREE	1. SE		S. DATE OF I	OAY Y	EAR LAST BIRTHD		DER I YR. IF UNDER	MIN PRONOU	NCED	HINOM	DAY	YEAR	2d HOUR
72222	lal	e White		25 OF WHAT C		RS.		DEA		Feb 21		87	1330,
Service Servic	FC	Maryland		S.A.	OUNIRY?	MARRI WIDOW	ED NEVER MARRI	ED All	egany	- 5			MD
A STATE OF THE STA	Fr	ostbarg	Frost		Comm. Ho	spita	R INSTITUTION	FOR MOST OF WO	RKING LIFE		OR	ID OF BUI INDUSTR	RY
AND 3 TREE TAIN POULD FREE CORD	13a S	TATE  TYland  ALRESIDENCE (IF IN NURSING	HOME OR OTHER INSTITUTE OUNTY	ION, GIVE RESI	CITY OR TOWN	ION)	134 INSIDE CITY LIMITS? YES NO TO	13e STREET ADDR	ess 0x 89		21	532	
5 - 200 A 13		THER'S NAME FIRST	WIDDLE		itchie		is mother's maide	N NAME	MIDDLE	р	anki	AST	
BALTIMORE, A RS AFTER DEATH ONE PAGES I, WITH FORM PM I, PAGES I AND DIVISION OF AUT	160 \	WAS DECEASED EVER IN U			SOCIAL SECURIT	IY NO.	17 INFORMANT		ADDŖ	ESS	elik I	21532	2
ALTINAL HINE HINE HINE HINE HINE HINE HINE HINE			S GIVE WAR OR DATES)	2	18-16-369	95	Marian Ya	tes Ritch	ie	same a			
WITHN 24 HOUR MICE IN ITEM 18. MINES ALONG W MASSIF FRANTI. TALL HYSTER FRANTI.		18 CAUSE OF DEATH (Er PART I DEATH WAS C IMM Conditions, if any, gave rise to imm cause (a) stating the i	AUSED BY: AEDIATE CAUSE (a). which ediate (b),	Carb o, or as a	O), (b), and (c).) OON MONOX CONSEQUENCE	OF	osioning			3	BETW	PROXIMATE EEN ONSET TOUR	INTERVAL I AND DEATH
EXECUTED INC. 2011 INC. 2012 INC. 20	7	lying cause last: PART 2 OTHER SIGNIFICANT CON	(c)				OR CONDITION GIVEN IN PA	RT 1 (a.					
MERCAN ANER COME	1 E	19a. DATE OF OPERATION	1 19h C	ONDITION	FOR WHICH OPER	RATION W	AS PERFORMED?		_		120 A	UTOPSY?	
TAL REC TOULD B RD PEN HIEF ME USED AS OF HEAL	IFIC/												NO 🗆
DIVISION OF VITAL RECORDS S CERTIFICATE SHOULD BE EXERRITING THE WORD PRINCIPLE RED TO THE CHIEF MEDICA SE 3 SHOULD BE USED AS BUT SE DEPARTMENT OF HEATTH AN	IL CERTIFICATION	216. EXTERNAL CAUSE W UNDERLYING XOR CONTRIBUTING CAUSE	HOU		DNTH DAY YEAR	R	W INJURY OCCURRE				RT 2)		
SION TO	MEDICAL	CONTRIBUTING CAUS		PACE OF IN	JURY (AT HOME.	21f LOC	tim hooked	nose Tr	om ex	maust	1 07	noutr	1
DIVI HIS CE WRITIII VARDEI AGE 3 ATE DE	ME	WHILE NOT WHILE AT WORK	Rt Rt	Box	89 Frost	S.	Md 21532 A	truck wa 11egany	S <sub>v∾</sub> run Coun t	in ing 👡 :y	(C10)	sea g	ja Çaye
DIVISION OF VITAL  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL  PAGE 4 SHOULD BE FORWARDED TO THE CHEF  TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE ISER  ATTERDEATH, WITH THE STATE DEPARTMENT OF BRAITMORE, MARYLAND, 21201 PROR TO BURNER  TO FUNERAL MARYLAND, 21201 PROR TO BURNER  TO FUNER		220. I certify that I took death resulted from	charge of the rema	1	The state of the s	Autops vicide X	Hamicide ,	Undetermined in	nanner	ond in my or	2/21/	/87	
NET THE THE SERVICE OF THE SERVICE O		1/	. 1 6	0			M						
N XECT	-	(TYPE OR PRINT)	aul Snow.	M.U.				rial Hosp	ıtaı,	Cumbe	erlar	na Ma	]
B A 4 7 m 4	230.B	URIAL, CREMATION, REMO Burial	2/24/8	7	23c NAME OF CE			23d. LOCATION CITY OR TOWN		COU	NTY	Ma ST	ATE
07/84 BP	24 F	UNERAL DIRECTOR		Frost	Methodi	5t 00		Vale St		EGISTRAK S.	CALL	PAG.	-
DHMH = 17 (VR A15 ME (5))	D	urst Funeral	Home Fros	tburg	Ma 2153	2	FEB	25 1987	ALL	Succession	TO THE	11/2	1

13 Mineral Lines of the State Number Touch Legent them;

÷ 4	8916	EB 2		FOR ISTATE REGISTRAR		100	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		3 My	21
	nay be poge 3			EASED NAME FIRST	87	MIDDLE	Roor	ne V	02	A E	87	4 PM
	ge 4 may ector, po irs after a		3. SE>	EMALE	4. RACE WHI	TE	5. DATE C	27/1894 YEAR	6. AGE (IN YEARS LAST BIR	THDAY]	The second secon	PUHOSE TA NES
0	4 11	35		RTHPLACE (STATE OR FOREIGN OUNTRY)  RYLAND	U.S.A	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED A	9. BALTIMORE CITY OF	3 4 4 4 4 4 4 4 4	FDEATH	MD.
10	18	O/optified	М	ARYLAND	FROSTB	CHEACILITY, GIVE STREET		NURSING HON	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEK)	OF WORKING LIFE)	126 KIND OF INDUSTRY CATH.	BUSINESS OR RECTOR
AND 212	filled in rould be	35	13a S		OTHER INSTITUTION	I GIVE RESIDENCE BEFOR	/N	13d. INSIDE CITY LIMITS?	39 E. MA	ÍN ST.	2	1532
MARYL	ed within mpletely ond 2 st	exomine 0	14. FA	THER'S NAME FIRST MICHAEL	MIDDLE	ROONE	Y	IS MOTHER'S MAIDEN NAME ELLEN	WE		BARR	Y
IMORE,	n ond co	medicol			MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	MRS. HELEN	CAIN, 9 W.	OSTBUR ABHING		21532
T., BALI	physicio	vent, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	ly one cause pe D BY: E CAUSE (a)	er line for to 1, (b), or	id (c).)	m Failme			APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2'	of the death ce	other mentilik		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	(b)_	DR AS A CONSEQU	later	e Prenn	nts.		3 d	ays.
ORDS, 201	requires the ren signed I t Then plea or to buriol	y injury, or	TION	PART 2 OTHER SIGNIFICANT	out fo	ntine.	sed o	NOT RELATED TO THE TERM	lis gon	hilis		
TAL RECO	The low cion. e hos be sit permi	shows ony	CERTIFICATION	19a DATE OF OPERATION		4 6 6	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFYII		SS USED OF DEATH?
N OF VII	SICIA ng p certif riol-i	hem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A	I.M. MONTH D	AY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART ?)	
IVISIO	ING PHYS	orked ar	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY TREET, FACTORY OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OR TO	)wn	COUNTY	STATE
	spitol or CTOR: A for use of Heoli	21 is mo		220.1 certify that (I) (this hasp saw the deceosed alive on above, (I) (wa) (did) (did no	21	11/7/19	, ai	d that in (my) (aur) apinion	deoth accurred on the d	ate and havi c	9 1	at (1) (we) lost
0	- t - e e	T. #		22b. SIGNATURE	1 Som	dhn	M		NEDICAL STA	CIAN	220 DATE SI	GNED 87
	retained by the TO FUNERAL should be deto with the State	MPORTANT		S.L. SAND	HIR, M				COMMUNITY	21532 HOSP.	,FROS	TBURG,
	BP		24 #L	URIAL, CREMATION, REMOVAL URIAL INE AND INCOME.	2/18/	187 S	T. M MAI	EMETERY OF CREMATORY  ICHAEL'S CE  N ST. 250 DAT	23d LOCATION CITY OF TOWN FROSTE E REC'D, BY REGISTRAR 1 9 1937	255 REGISTRA	ATTEGA ARS ŞIĞNATU	RE
	(VRA 15, 4)		S	OWERS FUNERA	HOME	PROST	BURG	1500	1 9 1901	Barra Da	mans / · Kr	Perental Parents

et et et en en la company de l 

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3
CERTIFICATE OF DEATH	

0 3

J 9

-	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG		0 3 0	7 0
	1 DEC	EASED NAME FIRST	MIDDLE	LA	.51	REG. NO.  20 DATE OF DEATH MON	ITH DAY YEAR	2b. HOUR
ı	(TYPE	THEODOR	E A	RUTI	HERFORD	FEBRUARY 23,	1987	12:55 AP
ı	3 SEX	(	4 RACE	5. DATE O		& AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR	IF UNDER 24 HRS
ı	1	Male	White	Apr.	00 4000	78	YRS.	HOURS MIN
ĺ	7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
		est Virginia	U.S.A.	WIDOWE		ALLEGANY C	COUNTY	MD
1	1	mberland	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE SACRED HEAR)		R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Machinist	RKING LIFE) INDUSTRY	
0	USU A 130 S	AL RESIDENCE (IF NURSING HOME OR TATE  J. Va. Ham	OTHER INSTITUTION, GIVE RESIDENCE NITY OR PShire Romn		13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIF Rural Rout	CODE	GOGGG
1		THER'S NAME FIRST Edward All	en Rutherf	ord	Elizabe	-	Hardy	ST
9	16a V	VAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRESS		
1	(7		7. II 270-	18-272	Carl Rut	herford Ro	mney, W. V	26757
		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	SEQUENCE OF		- tumin of	2	MANATE INTERVALIONSET AND DEATH
	TION	PART 2 OTHER SIGNIFICANT (						
1	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY? 20I	LIF YES, WERE FINDING CAUSES YES	NGS USED S OF DEATH? NO []
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	214. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART : OR PART 2)	
	MEDICAL	WHILE OCCURRED  WHILE NOT WHILE OF WORK	21¢ PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (I) (this haspi saw the deceased alive on abave, (I) (we) (did) (did no	2/23/	19 87 on		feath accurred on the date of	19 9 7	that (I) (we) last causes stated
		22b. SIGNATURE	Laws	W		MPDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE	2) 1987
		DR. A. S. PILI	-		915 SETON DR	IVE, CUMB.,D	21502	
		URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CE	METERY OR CREMATORY	23d. LOCATION		STATE
	(	Burial	2/25/87	Augus	ta Cemetery		a Hampsh:	
	24 FU	INERAL DIRECTOR	201 29	RESS		R O 3 1987		
. 1	-		augusta 1.	as position	11/11			

DHMH - 16 60M 7/84 (VRA 15, 4)

FF 100 v. C . 2/3 No. 1 - St. Contract Description of Description Contract Description Con V.M. timpfilze ondey 3 Aural oute 16777 J. . 13 77-18-2725 Let waterford famey, . 20157 The state of the s

	DECEASED NAME	FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	-
2 5	(TYPE OR PRINT)	DONALD	WILSON		RYAN	FEBRUARY 25, 1987  6 AGE (INYEARS LAST BIRTHDAY)  7 BALTIMORE CITY OR COUNTY OF DEATH  ALLEGANY COUNTY  TITUTION  120 USUAL OCCUPATION  (IYPE OF WORK FOR MOST OF WORKING LIFE)  120 LIFYED CODE  12621 MCMUllen Highway  121 LIST  125 LIND OF E  12621 MCMUllen Highway  125 LAST  ADDRESS  MATY E. RYAN, Cumberland, MD - LAPPROXIMA  BETWEEN ONS  126 LIFYES, WERE FINDING  127 LIFYES, WERE FINDING  128 LIFYES, WERE FINDING  129 LIFYES COUNTY  129 LIFYES COUNTY  120 LIFYES COUNTY  120 LIFYES COUNTY  120 LIFYES COUNTY  120 LIFYES COUNTY  121 LIP LIP  120 LIFYES COUNTY  120 LIFYES COUNTY  121 LIP LIP  120 LIFYES COUNTY  121 LIP LIP  121 LIP  122 LIP  123 LIP  124 LIP  126 LIP  127 LIP  128 LIP  129 LIP  120	3:30P A		
0 0	I. SEX	4 RACE		5. DATE C					_
rs offe	male		white	MONTH	7-03-1926 YEAR	60		DAYS HOURS MIN.	Ī
Poor in	BIRTHPLACE (STATE OR	OREIGN 76 CITIZ	EN OF WHAT COUNTRY	8.	NEVED MARBIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	ī
10 ton	PA	max. St	USA			ALLEGANY	COUNTY	M	D.
52		(IF N	OT IN SUCH FACILITY, GIVE STREE	ADDRESS)		(TYPE OF WORK FOR MOST O	WORKING LIFE) INDI		
ould be f	USUAL RESIDENCE (# NURS 130. STATE MD	13b. COUNTY	13r. CITY OR TOV	VN	13d. INSIDE CITY LIMITS? YES NO K	13e.STREET ADDRESS /	ZIP CODE		2
000	4. FATHER'S NAME	Ira Danie	l Ryan	9	15. MOTHER'S MAIDEN NA	WIDDLE	s Clites	LAST	
5 5				URITY NO.	17. INFORMANT	ADDRE	SS		-
Pool E	yes, no or unknown)	(IF YES, GIVE WAR OF	1 21520504	7	Mrs. Mary E.	Ryan, Cumbi	erland, M	D - wife	
0	PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSI  DUI  which	(a) Enlor	ye,	Metastatic	lung care	anone	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH	
or others	cause (a), statin underlying cause	g the DUE	(c)						
to but		NIFICANT CONDITI	ONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	OTTION GIVEN IN P	ARI IIa	
ene prior	190 DATE OF OPERA	TION 19b	CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED		IN CERTIFYING C		
tem 18 sh	OR CONTRIBUTION TO	AUSE OF DEATH		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR I	PART 2)	
h and We	21d INJURY OCCUR	LATE		FARM ETC )	211 LOCATION STREET	CITY OR TO	WN COE	UNIY STATE	
for use of Health	sow the decease	ed alive on	1 1 19					that (I) (we) loss om the causes stated	1
detached ate Dept. 17. If Hem	22b. SIGNATURE		(Me.)		ATTENDING	MEDICAL STAF	F	2 2 6 87	
AA	Married White 07-03-19  B. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PA  D. CITY OR TOWN OF DEATH USA COUNTRY CUMberland SACRED HEART HOSPITAL (MIDOWED DEATH OF MEDICAL PROPERTY OF MEDICAL P	22e ADDRESS			1 17				
PORT PORT	CARL LIAG	ONED IN	. //		000	1101 011 0015		No. Adm -	

SCARPELLI FUNERAL HOME

STATE OF MARYLAND

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502

02-28-1987

23b. DATE

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

23d. LOCATION

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Grove Cemetery Cumberland Allegany
256. Date REC'D. By REGISTRAR 256. REGISTRAR'S SIGNATURE Allegany MD

Start State 11169Wh MARCO 2 807 July Time The Marco

044293

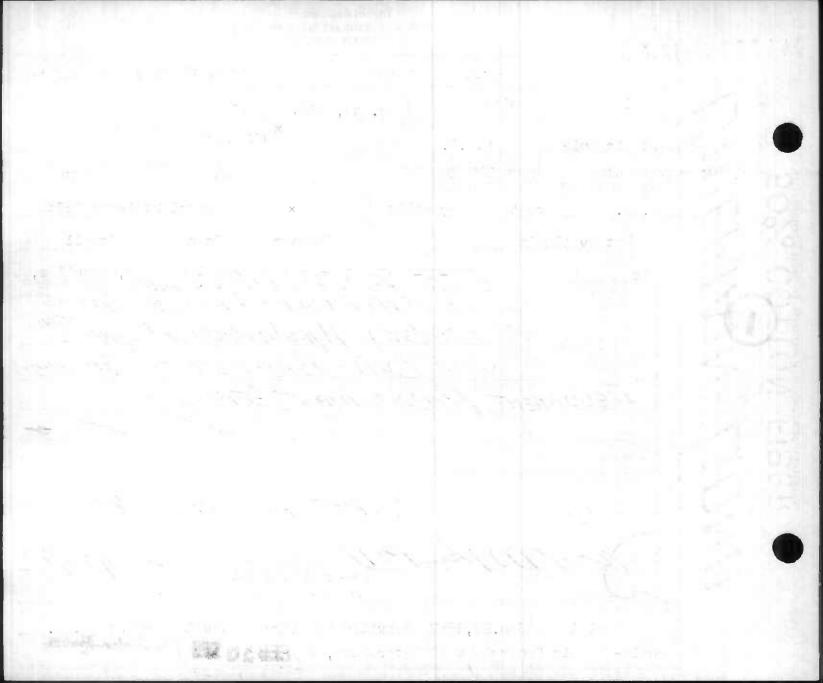
### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

0 3

	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	).		
	ASED NAME	JAMES	RAN	DY S	SCHELI	AST	JANUARY 17,		YEAR	26 HOUR 1:55P.
	Male		4 RACE White		S. DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIRT	YRS.		IF UNDER 24 HRS
CO	HPLACE (STA			WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED X	9. BALTIMORE CITY OF ALLEGANY	COUNTY OF	DEATH	N
	OR TOWN O	1		HOSPITAL, NURSIN H FACILITY, GIVE STREET L HOSPITA		DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NOTE		NDUSTRY	of BUSINESS O
13a ST		Wis COU		GIVE RESIDENCE BEFOR 134. CITY OR TOW Maysvi	/N	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS /	zıp code l Deliv	ery	26838
		Availat		LAST		15. MOTHER'S MAIDEN NA ELEANOR	Jean		Sche	11
	AS DECEASED S, NO OR UNKNOW	EVER IN U.S. AR	MED FORCES? /E WAR OR DATES}	232-05-	JRITY NO. 8080	17. INFORMANT Eleanor Jea	ADDRE	easter,		
	8 CAUSE OF I PART I. DE A	TH WAS CAUSE	nly ane cause per D BY: TE CAUSE (a)	Tine of M. (b), or	EN.	TRIUMA	n PAILUI	26	APPROX BETWEEN	ONSET AND DEATH
	Canditians, if gave rise to cause (a), underlying	immediate	DUE TO, OF	A A CONSEQUE	BUT	- Hypol	BNTILATIO	Ng	med	YEARS
-		-	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	NTION GIVEN I	IN PART 1	0
CERTIFICATION	9a DATE OF O	PERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WI IN CERTIFYING YES		
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
ž.	WHILE D	CURRED	21e PLACE			211 LOCATION STREET	CITY OR TO	vn /D	COUNTY	STATE
	sow the d	meased alive or		e deceased fram_	01	nd that in (my) (aur) opinian	death accurred on the do	te and hour an	d from the	that (I) (we) la causes stated
9	278 SIGNATUS		m	Ku	1	ATTENDING PHYSICIAN	MEDICAL STAF	F	77L DAY	20/85
	or Dre	rs NAME (TYPE (	OR PRINT)		1	Memorial Hos Cumberland, M	-	21502	/	/
	PECIFY)	ION, REMOVAL	236. DATE			EMETERY OR CREMATORY	CITY OR TOWN	e Gra	OUNTY I	STATE
	VERAL DIRECT	OR					TE REC'D. BY REGISTRAR		SIGN	no 77

DHMH - 16 60M 7/B4 (VRA 15, 4)



Miles Say 22, 1927 59 Store Store Store and rand ab Allegany Cumberland X 1208 Holland St. 21502 SLET L OTTOOD. Toann A. Self Camperland, Ab

The same

Uttital Sas. 2,1987 HeatLawnHill Cordens David: Allogany his William G. Kight Cumberland, ND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 24401	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death centricate be executed within 24 hours offer death. Page 4 may be retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbonoapers. Pages 1 and sidauld be filed within 72 hours ofter death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If hem 2.1 is marked of them as shown any injury, or other froumont event, included examine many personned of the contract of the c
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLANI	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deam certificate be executed within 24 ined by the hospital or attending physician.	FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physicion and completely filliuld be detached for use as the buriol-transit permit. Then please remove carbonapapers. Pages 1 and sisfauld the State Dept of Health and Mental Hygiene prior to buriol, cremotion, or removal.	OKIANI: H Hem Z I is marked of Hem I a short any injury, or other froumotic event, the medical example in

	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND REALTH AND MENT REALTH OF DEAT	H	REG. NO		bul	0 2
Or .		CEASED NAME E OR PRINT)	FIRST		ETZNER	l	SHAFFER		20 DATE OF DEATH February 22		YEAR	1:30 A <sub>M</sub>
	3. SE)	female		4 RACE Whi				AR	AGE (IN YEARS LAST BIRT	MON!		IF UNDER 24 HRS
1		IRTHPLACE ISTATE COUNTRY) WV	DR FOREIGN	76. CITIZEN OF Y	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED X DIVORCE	ED 📙	Allegany	COUNTY OF	DEATH	MD.
		ITY OR TOWN OF D	EATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET 1 HOSPITE	ADDRESS)	OR OTHER INSTITUTION		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF housewife		NDUSTRY	home
1	USUA 13a. S	AL RESIDENCE (IF NO STATE MD ATHER'S NAME FIRST	13b. COU	COTHER INSTITUTION,		E ADMISSION)	134 INSIDE CITY LIA YES [2] NO ] 15 MOTHER'S MAIN	DEN NAM	3e.STREET ADDRESS /	Towne		/21502
		WAS DECEASED EVI YES, NO OR UNKNOWN) NO	ER IN U.S. AR	MED FORCES? /E WAR OR DATES)	186 SOCIAL SECU 213-24-5	373	Mrs. Mau		ADDRE MC	SS	MD -	sister
2	CERTIFICATION	Canditions, if an gove rise to it cause to it cause to it stounderlying countries.  PART 2 OTHER SI	mmediate thing the ise lost	ハソノ			NOT RELATED TO THE		NAL DISEASE OR CONE	20b. IF YES, W IN CERTIFYIN	ERE FINDING CAUSES	NGS USED 5 OF DEATH?
	MEDICAL CERTI	210. ACCIDENT WAS IDOR CONTRIBUTING [ (IF EITHER NOTEY M 71d. IN JURY OCCU. WHILE NOTEY M AT WORK NOTE 220. I certify the 50 w 22b. SIGN AT 1	CAUSE OF DE EDICAL EXAMINE JRRED WHILE	HOUR A P 21e. PLACE (AT HOME STR	m. month d. m.	19 <b>A</b>	2H. LOCATION STREET	87	PES NO LENTER NATURE OF INJUR	22	COUNTY	STATE that (I) (we) last couses stated
1		22d PHYSICIAN'S Dr. Terr	y Will	iams	n	- 1	PHYSI 22e. ADDRESS	Memor Cumbe	medical STAF	al Med.	Bldg	13-81
	-	BURIAL, CREMATIO (SPECIFY BUTIAL UNERAL DIRECTOR NAME Tames		02-25		Restla	WN Memoria		23d LOCATION CITY OF TOWN LIK LaVale B26 1987	Alleg	SUA SUA	MD

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

EEE 26 1987 July 1542-1-14-1-

45	08	FEB 1	9	67.	SCARPEI FOR VII	RGINIA	A AVE.,	DEPART		EALTH AND MENTA		NE 8 7	0	3 4.	0 3
				1 DE	REGISTEMBERI CEASED NAME	LAND,	1D 2150	MIDDLE		AST		REG. N		AY YEAR	2b HOUR
	e 6				OR PRINT)	1401/51	,	LITI CON		HADON					
	page	0	H	3 SE		HARVE	. RACE	WILSON	5. DATE C	HARON DE BIRTH		AGE (IN YEARS LAST BI		IF UNDER I YEAR	5:38 AM
	e 4 r	2 0 110			male		white	2		4-10-1938	AR	48		ONTHS DAYS	HOURS MIN.
	Pag	100			RTHPLACE (STATE OR FO	REIGN 7		WHAT COUNTRY	8.	_	_ 9	BALTIMORE CITY	OR COUNTY	OF DEATH	
	eoth.	7 -6	1		MD		USA		WIDOWE	D NEVER MARRIE		ALLEGANY	COUNT	4	MD.
	he fu	1	A	10. C	TY OR TOWN OF DEAT	'H 1		HOSPITAL, NURSI		OR OTHER INSTITUTIO	DN 12	O. USUAL OCCUPAT	ION	12h KIND (	OF BUSINESS OR
20	by t	₽0	24		Cumberland		SACRED	HEART H	DSPTIA	L		mechanic most		High	way Adm.
0.212	hod in	4	1		AL RESIDENCE (IF NURSITATE	IS COUNT		13c. CITY OR TOV		13d. INSIDE CITY LIM	AITS? 13	e.STREET ADDRESS	/ ZIP CODE		
AN	in 24	0	2		MD	Alle	egany	Cumber	land	YES X NO		Morning	side D	rive/2	1502
ARY1	etel k	5		14 FA	THER'S NAME FIRST		IDDLE	1A5T		15. MOTHER'S MAID FIRST		MIDDLE		LA	.51
X	orted or	10					. Sharc				Edit	h R. Shafe			
ORE	exec ond	edico			VAS DECEASED EVER I		WAR OR DATES)	214 36 6		17. INFORMANT				1 1.4	
LTIN	be he	he me		_	no					Mrs. Dora	a L.	Sharon, C	, Jmberla		
. BA	ficate	ent, 1			PART I. DEATH W	S CAUSED	BY:	r line for (a), (b), as	nd ici	Par Day	no A	= 6 1 t	00		CONSET AND DEATH
TS N	certing p	r rem				MMEDIATE	CAUSE (o)	7 cura	uu	ceep mo	Ceda	e and se	340	1110	many
STOI	eoth	on, o			Canditians, if any,	which	DUE TO, O	RASA CONSECU	ENEROF	acido.	101			ho	nors
SK Sk	2 4				gave rise to imm couse (a), stating	ediate	DUE TO O	RASA CONSEGU	4	00	1	1	40		1
3	6 0	1			underlying cause		(6)	Deale	Es.	with as	cute	Pauerca	liles	1 9	des
5, 20	1	1		z	PART 2 OTHER SIGN	FICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	E TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 1	0
ORC	7	1 67	-	ATIO	19a DATE OF OPERAT	ON	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	70h IF YES	WERE FINDS	NGS LISED
38 T	9 5 1	4 1	1	CERTIFICATION								YES   NO	IN CERTIFY YES	ING CAUSES	S OF DEATH?
VITA	N TO	044		CER	210. ACCIDENT WAS UNDE		216 TIME C		AN VEAR	21c HOW INJURY C	OCCURRED	ENTER NATURE OF INJU			
6	AL DE	1 1		AL	OR CONTRIBUTING C			.M. MONTH D .M.	AT TEAR	100					
O.	1 de 1	127		MEDICAL	21d. INJURY OCCURRI	D		OF INJURY REET, FACTORY, OFFICE,	EADM ETC.	211 LOCATION		CITY OR TO	OWN	COUNTY	STATE
NA	91 2	H 0		2	AT WORK NOT WHILE	E		neer, racront, orrace,	, Ann. Etc.						
	N = 9	13 1			22a.1 certify that (1) (		al) attended th	ne deceased from.		. 19_		, ta			that (It (we) last
-	ATT OLD	29.6			saw the deceased above, (I) (we) (di	d alive an_ d) (did nat)	view the body	ofter death		nd that in (my) (our) a	apinian dec	oth occurred on the d	ate and haui		
	0 5 0	Dep			276 SIGNATURE	//	1			DEGREE ATTEND	DING	MEDICAL STA	FF	22c. DATE	SIGNED
-	ITAL By I	1 ½-	-		HA PHYSICIAN'S MA	776	1			PHYSIC 22e ADDRESS	IAN 2	DIRECTOR PHYSIC		2/	8/8/
	SO TO	1 NO	/		The second second	100			4						
	2 2 2	1 3/	-	220 5	IIIDIAL CREMATIONS	EMOVIAL	120 000	1500	NIAMEGE			DRIVE, CL	JMBERL/	AND, MD	21502
	D.D.		İ		Burial, cremation, r SPECIFY) Buria		23b. DATE -			est Burial		CITY OR TOWN	and A	COUNTY	STATE
	Dr			24 Ft	INERAL DIRECTOR	<u>.</u>	02-10	7-170/	<u> </u>			Cumber 1:		Llegan	
	DHMH - 16 (VRA 1				Jämes F.	Scarne	elli. n	Cumber lan	d. MD		FEB	1 7 1007	John See		D
	,	-, -,	. 1	_			,		-,				4	10.00	

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR -STATE

# STATE OF MARYLAND

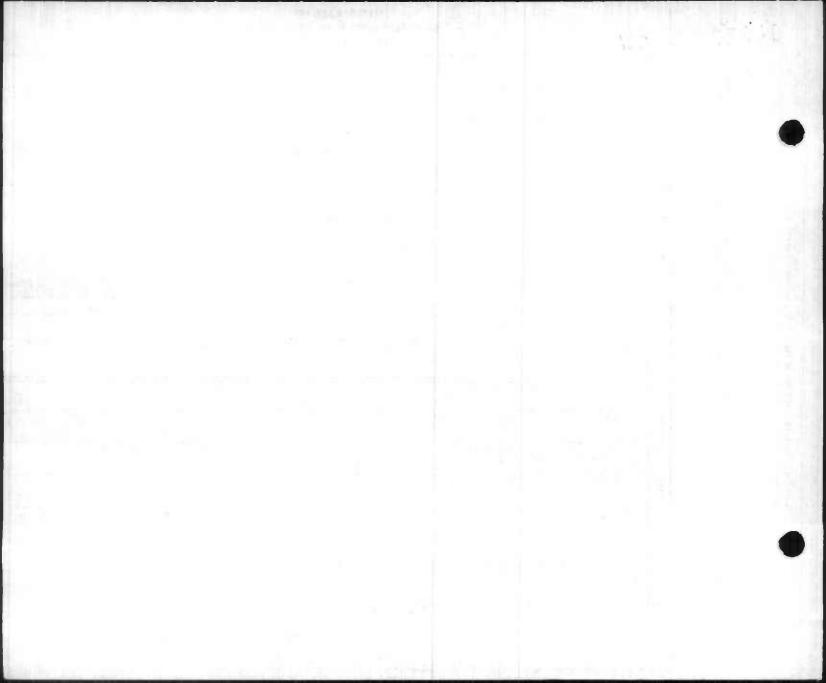
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

0	CREGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	ECEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
filth	Jar	net	Louise	S	heetz	February	7 3. 1	987	12.4 A
3. SE	X	4 RACE		5 DATE (		6 AGE (IN YEARS LAST BIE	RTHDAY	IF UNDER 1 YEAR	
1	Female	Wh	nite	Marc	1 0 - 0 0 0	78	YRS	AONTHS DAYS	HOURS MIN
	IRTHPLACE ISTATE OR FORE	IGN 76. CITIZEN	OF WHAT COUNTRY?	MAPPIE MAPPIE	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	ennsylvani	ia t	J.S.A.	WIDOWI		Allegan	y		MD.
	umberland	(IF NOT IN	of Hospital, Nursii such facility, Give street ced Heart	T ADDRESS)	or other institution	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewif	OF WORKING LIFE		OF BUSINESS OR
13a				RE ADMISSION)		13e STREET ADDRESS		2155	7
160.	ATHER'S NAME FIRST Benninah WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	MIDDLE H.	Differ 9? 166 SOCIAL SECT	nderf	15. MOTHER'S MAIDEN NA FIRST ET Ruth 17. INFORMANT	AME  MIDDLE  H.  ADDR		Sell	ST
	No		196-14-	-7237	Kenneth E.	. Sheetz	same		3a-e.
	18 CAUSE OF DEATH I	Enter only one couse	per line for (a), 1b), ar	nd (c).)	-			BETWEEN	IMATE INTERVAL ONSET AND DEATH
		MEDIATE CAUSE (a)	Con	cerr	muses			60	m
z		diate the DUE TO	OR AS A CONSEQU		NOT RELATED TO THE TERM	MINAL DISEASE OR COM	ADITION GIVE	EN IN PART 1	0°
CERTIFICATION	19a. DATE OF OPERATIO	DN 196. COP	NDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDING CAUSES	NGS USED S OF DEATH?
	21a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER, NOTHY MEDICALE	ISE OF DEATH HOUR	E OF INJURY A.M. MONTH D P.M.	AY YEAR	216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PA	RT 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	(AT HOME	CE OF INJURY , STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	220.1 certify that (1) (the saw the deceased obave (1) (we) (did	alive on 2 (did not) liew the bo		0-	nd that in my (our) opinion	. 10			that (D(we) lost couses stated
	226 SIGNATURE	Belle	~		DEGREE  ATTENDING PHYSICIAN [	MEDICAL STA	FF CIAN [	220 DATE 2/3	SIGNED
	Dr. J. A		Bollino,	Jr.	955 E Cumbe	Frederick erland, Ma	Stree	t id 21	502
23a	BURIAL, CREMATION, RE	MOVAL 23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
	Cremati		/87 Ré	stha	ven Cremato	rv Freder	ick F	reder	ick MD
24 F	UNERAL DIRECTOR LE	easure-St	tein Eune	eral	Home 250-DA	TE REC'D. BY REGISTRAF	ASB, REGISTA	PARS SIGNA	URB
17	() D = 1 ( °	**	~ 1 .	-		- 1001	Tr.		

Baltimore Ave. Cumberland, MD

DHMH-16 60M 1/73 (VRA 15(4))



neral director, page 3

	STATE OF MAKTLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE	CERTIFICATE OF DEATH

1	U	0	4	~	
REG. NO.					

REGISTRAR			CENTITION			REG. NO.		
1-DECEASED NAME	FIRST	MIDDLE	LAST			20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
(TYPEOP PRINT)	ARTHUR	ELLSWORTH	I SH	UEY		February 7, 1987	7	5 A.
3 SEX	4. RAG	CE	S. DATE OF BI	RTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 H
Male	T I	White	Dec.	ľð,	1913	7.3 YRS	MONTHS DAYS	HOURS M
To. BIRTHPLACE (STAT	OR FOREIGN 7b. CIT	TIZEN OF WHAT COUNTRY?	8	NEVED .	ADDED [	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
Ohio		U.S.A.	MARRIED WIDOWED	DI	ORCED [	Allegany		
Cumberland	Men	NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET MORIAL HOSPITA	ADDRESS)	THER INST	ITUTION	170 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI  Salesman		F BUSINESS
USUAL RESIDENCE (* 13a STATE  Marylan	136 COUNTY	institution give residence before 134. CITY OR TOW Frostb	N 113d.	INSIDE C	NO [	13. STREET ADDRESS / ZIP COD 92 Braddock	St., a	21532
14 FATHER'S NAME FIRST	MIDDLE	LAST CONTRACTOR	15. /		MAIDEN NA/	WIDDLE	Bush LAS	T
Will 160 WAS DECEASED E	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	Shuey FORCES? 166 SOCIAL SECU	DITY NO. 17	INFORMA		ADDRESS 92		) - O
LYES, NO OR UNKNOWN			20			Shuey, Frosth	Braddo ourg, I	Md.
18 CAUSE OF D	EATH (Enter only one	cause per line for 101, (b), and		20-	50: A		APPROXI	MATE INTERVAL ONSET AND DEA
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAU	USE (-) AJP	SPIL	141	DILY	PHUNE	WA	MACS
PART 2 OTHER	ANUCU	NOTIONS CONTRIBUTING TO DEPART OF THE PROPERTY	UNG	015	, -00	* IN CERTI	S, WERE FINDING CAUSES	GS USED
21a. ACCIDENT WA		Ib. TIME OF INJURY HOUR A.M. MONTH DA	V VEAP 21c	. HOW IN	JURY OCCURR	YES NO Y	PART I OR PART 2)	NO []
OR CONTRIBUTING	CAUSE OF DEATH	P.M.	19					
21d. INJURY OCC	URRED 2	Te PLACE OF INJURY	211.	LOCATIO	N	CITY CR TIDWIY	COUNTY	STATE
WHILE NO	WORK		1/1		m	7 -/		
220.1 certify the	eosed alar on	the body after down	, and the	REE		, todeath occurred on the date and ha	ur and from the	
	west	n Ohm	- //			DIRECTOR PHYSICIAN	2/1	1/3/
-	Raver		220	ADDRES	Memori Cumber	al Hospital & Me land, MD 21502	edical/	enter
230 BURIAL, CREMATH			ostbur			rk Frostburg,	ATTeg	any ; M
24 FUNERAL DIRECTO	_					E REC'D. BY REGISTRAR 256. REGIS	TRAPIC CICNIAT	LADE
		ADDRES CO	***		230. DAI	E REC D. BT REGISTRAN 258. REGIS	IKAK 3 SIGNAT	UKE
Durst F		lome, Frostb	urg, M	d.	ZSI. DAI	FR 1 7 1097	TRAK S SIGNAL	

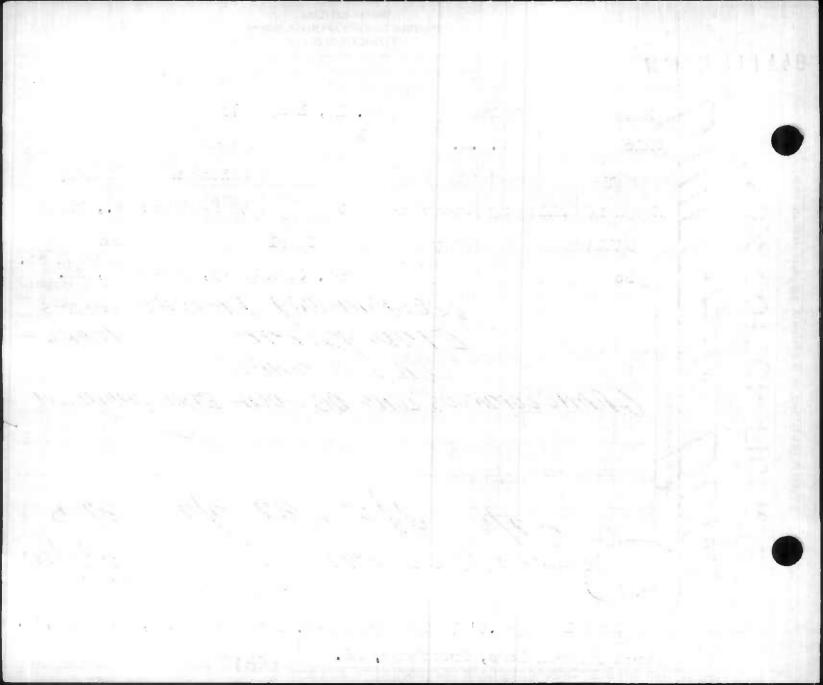
DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached fo MPORTANT: IF IN

TO FUNERAL DIRECTOR: After this certificate has been

etoined by the hospital or

BP.

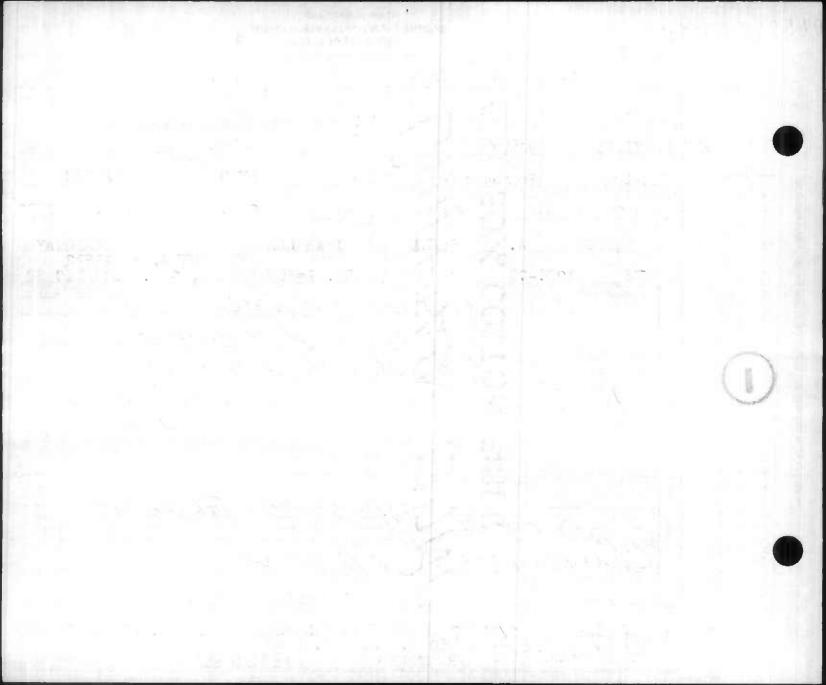


DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification executed within 24 haurs after death. Page 4 may be rained by the haspital or attending physician.	O FUNERAL DIRECTOR, After this certificate has been signed by the attending all completely filled in by the funeral director, page 3 hould be detached for use as the burial-transit permit. Then please remove carbon pages is mad 2 should be fried within 72 hours after death with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.	
--	---	---	--

	1. DEC	CEASED NAME FIRST	G, MD 21532		AST	REG. N	MONTH DAY YEAR	26 HOUR
ay be	(TYPE	OR PRINT)	CIS EDWARD	SNYD	FR	FEBRUARY	23, 1987	4:46A
pod er de	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	RTHDAY IF UNDER TYEA	R IF UNDER 24 HR
e 4		Male	White	Jan		72	YRS DATS	HOURS MIN
Pog dire	70. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
death, death,		Maryland	U.S.A.	WIDOWE		ALLEGAN	Y COUNTY,	A
Softer of the full	10 CI	Cumberland	I IF NOT IN SUCH FACILITY, C		TAL	TIPE BU		e Co.
24 havr	130 S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		ORTOWN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE ROW, 2154	5
F 200		THER'S NAME			15. MOTHER'S MAIDEN NA	WE		
b age		Frank	Snyde	r	Margaret	MIDDLF	Baker	AST
edico /		VAS DECEASED EVER IN U.S. AI res no or unknown) (IF YES G	and the second second	14074010	Ethel Sny	der. Same		
e death cer e attending mave carbo nation, ar re traumatic e		Conditions, if ony, which gave rise to immediate	DUE TO, ORAS A CO	ONSEQUENCE	chamic C	ordner 1	Axtery	
r requires that the een signed by the in. Then please reliant a burlal, crem by injury, ar ather	ATION	cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	tos Melle	TAGIO DEATH BUT	NOT RELATED TO THE TERM			
The law requires that thian. I and seen signed by the spermit. Then please reliene prior to burlo!, cremans any injury, or other	TIFICATION	PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	CONDITIONS CONTRIBUTES Melle	TAG TO DEATH BUT		AINAL DISEASE OR CON  200 AUTOPSY?  YES NO	IDITION GIVEN IN PART I	INGS USED
CIAN: The la physician. I physician. Intificate has la laditions; per per la shaws em la s	CAL CERTIFICATION	Cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTE  196 CONDITION FOR  216 TIME OF INJURY HOUR A.M. MON	R WHICH OPERATION		200 AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
The la sicion.	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTE  196 CONDITION FOR  216 TIME OF INJURY HOUR A.M. MON	R WHICH OPERATION	n was performed	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
DING PHYSICIAN: The loan are after this certificate has less as the build-transit perfoll and Mental Hygiene procked or themy8 shaws		Cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER. NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE  27a. I certify that (I) (this hosp	(c)	NTH DAY YEAR  ANY OFFICE, FARM, ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCUR	206 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	STATE
DING PHYSICIAN: The loan are after this certificate has less as the build-transit perfoll and Mental Hygiene procked or themy8 shaws		Cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER. NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE  27a. I certify that (I) (this hosp	CONDITIONS CONTRIBUTE  196 CONDITION FOR  196 CONDITION FOR  196 CONDITION FOR  196 CONDITION FOR  198 CONDI	NTH DAY YEAR  ANY OFFICE, FARM, ETC.)	21c. HOW INJURY OCCUR	206 AUTOPSY?  YES NO NO RED (ENTER NATURE OF INJU  CITY OR TO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	STATE
the hospital or attending physician, the hospital or attending physician.  I DIRECTOR. After this certificate has latched for use as the busial-transit per EDEPT, of Health and Mental Hygiene per EDEPT, is marked at Item 21 is marked		Cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE [IF EITHER. NOTIFY MEDICAL EXAMINE] 21d. IN JURY OCCURRED  WHIE NOT WHIE AT WORK 1 WORK 27a. I certify that (I) (this hose sow the deceased alive o above, (I) (we) (did) (did n)  27b. SIGNATURE	(c)  CONDITIONS CONTRIBUT  196 CONDITION FOR  197 CONDITION FOR  198 C	NTH DAY YEAR  19  19  19  19  19  19  19  19  19  1	21c. HOW INJURY OCCUR 211. LOCATION STREET  , 19 ad that in (my) (aur) apinian DEGREE  ATTENDING PHYSICIAN	206 AUTOPSY?  YES NO NO RED (ENTER NATURE OF INJU  CITY OR TO	70b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  WES COUNTY  OWN COUNTY  19  ate and hour and from the	STATE
ATTENDING PHYSICIAN: The lo spiral or attending physician. ECTOR, After this certificate has it d face use as the burial-transit per t. of Health and Mental thygiene pr m. 21 is marked or tem, 8 shaws		Cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINATION  21d. IN JURY OCCURRED  WHILE AT WORK AT WORK  22a. Certify that (1) (this hosp saw the deceosed alive o above, (1) (we) (did) (did )	(c)  CONDITIONS CONTRIBUT  196 CONDITION FOR  197 CONDITION FOR  198 C	NTH DAY YEAR  19  19  19  19  19  19  19  19  19  1	211. LOCATION STREET  211. LOCATION STREET  , 19 ad that in (my) (aur) apinian DEGREE  ATTENDING PHYSICIAN	TOO AUTOPSY?  YES NO NO NEED (ENTER NATURE OF INJU  CITY OR TO  death occurred an the d  MEDICAL STA  DIRECTOR PHYSIC	70b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  WES COUNTY  OWN COUNTY  19  ate and hour and from the	STATE  , that   II (we) love couses stated  E SIGNED

Little Gar. L. 1915 YE OT LINE WHEN EIGHT ATTENDED TO A CARDAN LINE CARDADO The Francisco Canada Contract of the London Contract of the London taget Temporal Sound Pin reland, 190, a Mar. J. es

2 2 9 FEB 26	197	FOR		DEPARTI		E OF MARYLAND BEALTH AND MENTAL HY	GIENE 25 19	0.3	0.7
2 2 9 1 20 20	qı-	STATE REGISTRAR				ICATE OF DEATH	B REG. NO	0 0	
ф ф ф		CEASED NAME FIRST Lero		Spar		AST	20. DATE OF DEATH 2/20/87	MONTH DAY YEAR	26 HOUR 1;00a
death death	3 SEX		4 RACE	- Jpui	S. DATE O	OF RIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	//1
ector. I		Male	White	ee		78/303 YEAR	83	MONTHS DA	
P P	7a 81	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	10	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
35		ARYLAND	United	States	WIDOW		Alleg.		MD.
10 mg/		TY OR TOWN OF DEATH	11. NAME OF		IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATE		D OF BUSINESS OR
3/		rostburg	Frostbu	irg Comm.	Hosp	ital	DYER	FAB	RIC
Jan Po	13a S		ROTHERINSTITUTION	134 CITY OR TOW Frostbu	ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDOESS	ZIP CODE	03530
E	_	ryland Al	reg	Frostbu	rg	YESX NO		HANIC ST.	21532
5/1	1	ERNEST	MIDDLE	SPARK	· c	FIRST	WIDDIE		1AST
20 1		AS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	ISABELL.	FROSTBU		SALOWAY 532
medico	?	YES 192	5-28	217 10	5360	MRS. LeRO	Y SPARKS.		ANIC ST
å l		IN CAUSE OF DEATH (Enter o	nly one couse pe	line for 201, (b), on	d (c).1	0 -	1		ROXIMATE INTERVAL EN ONSET AND DEATH
2		PART I. DEATH WAS CAUS IMMEDIA	ED BY: TE CAUSE (0)	1 OCP	rag	suf neil	me		
8 4			DUE TO, O	R AS A CONSEQUI	NCE/DE	00 0	nounani	in/	
to to		Conditions, if ony, which gove rise to immediate	(b)	RYCK	12	ac for	1.eu 110000		
alhe		gove rise to immediate couse (a), stating the underlying couse lost DUETO, OR AS A CONSEQUENCE OF THE ADDRESS A CONSEQUENCE OF THE ADDRESS AS A CONSEQUENCE OF							
100		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING	DEATH DUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	DITION GIVEN IN PART	10
1	CERTIFICATION	/ tegher	mer		Sy	narom	7 NE	agalles	KON
2	FICA	EN DATE OF OBERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY	2017 F YES, WERE FIN	SES OF DEATH?
8 2	ERTI	71a ACCIDENT WAS UNDERLYING	7 21b. TIME C	F INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	YES T	NO [
Mentol Hy	1	OR CONTRIBUTING CAUSE OF DE		M. MONTH D.	AY YEAR				
5/	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION	CITY OR TO	wn COUNTY	STATE
marked	2	AT WORK NOT WHILE AT WORK	(AT HOME, ST	REET, PACTORY, OFFICE, F	ARM, ETC.)	1 - 0	0 11	200	2
S mo		72s I certify that (1) (this hasp	ital) assended in	deceased from	SH	5 190	1. 10 flet- (	20,190	C, that (I) (we) last
r. of Health m 21 is marl		obove, (If (wal) (did) this is	of) view the body	after death.	1	nd that in (my) four) opinion	death occurred on the de		
Dept.		THE SCHOOLSE	Reld.	mk	//	DEGREE ATTENDING	MEDICAL _ STAI	F	ATE SIGNED
TANT		22d, PHYSICIAN'S MAME ::::H	and o	-	1/1	PHYSICIAN 22e ADDRESS	DIRECTOR   PHYSIC	IAN	
with the Stote		Dr. C. Oh	0				, MD 21532		
N N	730 B	URIAL, CREMATION, REMOVA	L 23b. DATE	73c 1	NAME OF C	EMETERY OR CREMATORY			
		BUR TAT.	0/20		OSTF		CITY OR TOWN	RG ALLEC	STATE MD
6 60M 7/B4	24. P.	ESPORT SPECIFICATION OF THE PERSON OF THE PE	Lower			ONE O ALMEL A DE	TE REC'D. BY REGISTRAR		0.74
RA 15 4)		Sowers Funera	Home	FR OST			D 9 5 1007	1 1 Timber	Redall



	1		I FUNERAL HO	ME STAT	E OF MARYLAND				0
0511 110	1.	FOR STATE 108 VIRG	INIA AVENUE		HEALTH AND MENTAL HY	SIENE 8 7	0 3	4 0	0
0 J 1 4 Max	U		RLAND, MD 21	502	FICATE OF DEATH	REG. NO.	-11-1		
m =		CEASED NAME FIRS	T MIDDLE		LAST	20 DATE OF DEATH M			HOUR
by be age 3 deoth			GARET EL		SPEARMAN	FEBRUAR			:20P A
free fee	3. SE	K	4 RACE	S. DATE (	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHE	MONTH	DERIYEAR IFU	JNDER 24 HRS
urs o		female	white	03-	06-1914	72	YRS.		
1 2 2 Pd		RTHPLACE (STATE OR FOREIGH	76 CITIZEN OF WHAT	COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR		EATH	
deot deot		MD	USA	WIDOW		ALLEGANY			ME
oy the f	10 C	Cumberland		ITAL, NURSING HOME ( ITY, GIVE STREET ADDRESS) EART HOSPIT	OR OTHER INSTITUTION  AL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V housewif	WORKING LIFE) IN	b. KIND OF BU IDUSTRY OWN ha	
hour hour			OME OR OTHER INSTITUTION, GIVE RECOUNTY	ESIDENCE BEFORE ADMISSION)	ANN INICIDE CITY I WATER	13e STREET ADDRESS / 2		OWIT TH	Onic
filled ould	1.50.	MD		umberland	138 INSIDE CITY LIMITS?	22 Grand		/21502	
No. 20 E	14. FA	THER'S NAME	3	LAST	15 MOTHER'S MAIDEN NA				
and ond			sper F. Goetz	LASI	FIRST	lizabeth Kri	alein	LAST	
0 - 0 - 0		VAS DECEASED EVER IN U.		SOCIAL SECURITY NO.	17 INFORMANI	ia A. Wolfor	S Cumba	mland	MD
Pog	(	res, no or unknown) (IF Y	es, GIVE WAR OR DATES) 21	4072426	Mrs. Janet	E. Emerick-C	umberla	ind. MD	MU
pers ol.		18 CAUSE OF DEATH (En	ter only ane cause per line f	or (a), (b), and (c).1	4			APPROXIMATE BETWEEN ONSET	INTERVAL T AND DEATH
New Year		PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (a)	o-despul	moray as	rest		inn	voleni
offic of the			DUE TO OR AS	CONSEQUENCE OF					
1 9 E		Conditions, if ony, which	ch ( (b)	acute 1	77		4	emmed	hert
1 1 1		gave rise to immedia cause (a), stating the		A CONSEQUENCE OF					
d by leose iol, cr		underlying cause la	(c)	A-SC	VD				
buring huri	-	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN	PART Ira	
The rinju	ě	C	beciropa						
S on S on	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED		20b. IF YES, WEI		
cion.	I E					YES NO	YES 🗌		10 🗌
ficot fron fron 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	110110 111		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I C	OR PART 2)	
the modern	CAL	(IF EITHER NOTIFY MEDICALEX	AMINER) P.M.	19					
d or	MEDICAL	21d INJURY OCCURRED	216 PLACE OF IN	JURY CTORY, OFFICE, FARM, ETC.)	ZII. LOCATION	CITY OF TOW	ч с	OUNTY	STATE
os the		AT WORK NOT WHILE					,		
Heol Heol			hospital) attended the dec		2 4 19 5	1.10 2/2	. 17	E , thou	_
Spirt CTO 2 for of 1			ve on 2/26 did nat) view the bady after	death,	nd that in my (aur) opinion	death accurred an the date			
Chec Chec Dept I Iten		226. SIGNATURE	llen In	^	DEGREE ATTENDING	MEDICAL STAFF		2/2 DATE SIGN	NED / C
RAL deto		4	- /4 /	0	PHYSICIAN E	DIRECTOR   PHYSICIA	N 🗌	2/20/	1-1
FUNERA old be de orthe Stot		22d. PHYSICIAN'S NAME	TYPE OR PRINT)		22e ADDRESS				
TO FUNER should be a with the Src		DR. ANTHON	Y BOLLINO		955 FREDERI	CK STREET, C	UMBERLA	IND, MD	2150
₽ - 5 3 ≤		SURIAL, CREMATION, REMO			EMETERY OR CREMATORY	23d LOCATION	r OI	INIY	STATE
3P		Burial	03-02-19	987 SS Pet	er Paul Cemet	erv Cumberla	and Al	legany	MD
HMH - 16 60M 7/84	24 F	JNERAL DIRECTOR			25a DA	ESECO BY REGISTRAR 25	REGISTA RI	SIGNA PRE	معمل
(VRA 15, 4)		James F. Sca	rpelli, Cumbe	erland, MD	21502	410 0 1301 8			· 20

HAROS SST frie time faint

7
0
8
*
SE SE
Σ
w.
Q V
=
AET
(0)
pro-
Z
0
in.
986
3
20
20
Mr.
SEDS.
CORDS
RECORDS.
AL RECORDS.
L RECORDS.
ITAL RECORDS.
OF VITAL RECORDS.
ON OF VITAL RECORDS.
SION OF VITAL RECORDS.
ON OF VITAL RECORDS.
SION OF VITAL RECORDS.
SION OF VITAL RECORDS.

DHMH - 16 60M

1 5 6 7		CEASED NAME	FIRST		MIDDLE		IAST	20 DATE OF DEATH	MONTH D	YEAR	26 HOUR
			ERTHA		WE		PENCER	FEBRUAR		, 1987	12:47
13	3 SEX	Temale		White		5. DATE (	H CDAY A - YEAR	6 AGE (IN YEARS LAST BIR		MONTHS DAYS	HOURS /
1	100	RIHPLACE (STATE OR	FOREIGN 7b.		WHAT COUNTRY?	June	740	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
5	Í	OUNTRY)	1	U.S.A.		WIDOW	D NEVER MARRIED DIVORCED	ALLEGANY			
2	No. of Concession,	IY OR TOWN OF DE Cumberland	1		HOSPITAL, NURSING HEACHLY GIVESTREET H		OR OTHER INSTITUTION  AL	17g. USUAL OCCUPATION OF COMMENCE HOMEMAKET		126 KIND C INDUSTRY	F BUSINESS
3	130. S	AL RESIDENCE (IF NUR STATE	SING HOME OR OF 131 COUNTY Mine:	Y	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Keyser	'N	134. INSIDE CITY LIMITS?	Rt 2 2	ZIP CODE 6726	9	999
29	14 FA	THER'S NAME EIRST H.		E.	Moye	rs	IS. MOTHER'S MAIDEN NA FARSI	WE		Seym	lour
3	{}	VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARME		2350466		I. Ray Spend	er Rt 2 K		WV 2	6726
		18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only VAS CAUSED I	one cause per BY:	line for (o), (b), on	d (c).1	CVA				mate interva onset and de ninut
		Conditions, if ony gove rise to im couse (0), stati	mediate	(b)	R AS A CONSEQUI	rale	fel arten	roclerosi	_	you	مد
	NO	gove rise to im couse (a), state underlying couse	mediate ng the e last.	(b) DUE TO, OF	Gene R AS A CONSEQUI	rali ENCE OF	med anternante of the term			EN IN PART III	۰
Z	TIRCATION	gove rise to im couse (a), state underlying couse	mediate ng the e last.  NIFICANT CO	DUE TO, OF	General As a consequence of the	NOLE ENCE OF  DEATH BUT			DITION GIVE	, WERE FINDING CAUSES	NGS USED
0	CERT	gove rise to im couse (a), stati underlying couse PART 2 OTHER SIG	mediate ng the e last.  NIFICANT CO  TION  DERLYING  CAUSE OF DEATH	DUE TO, OF	CENTRIBUTING TO DONTRIBUTING T	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO 2	20b. IF YES, IN CERTIFY YES	, WERE FINDIF YING CAUSES	NGS USED OF DEATH
0	MEDICAL CERTIFICATION	gove rise to im couse (0), stoti underlying couse PART 2 OTHER SIG	mediate mg the glast.  NIFICANT CO  DITION  DERLYING CAUSE OF DEATH ICAL EXAMINER)  RED  HILE THE	DUE TO, OI  CO  INDITIONS CC  IPP CONDI  21b. TIME O  HOUR A  21e PLACE C	CENTRIBUTING TO DOTTRIBUTING T	DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM  — CHF  N WAS PERFORMED	200 AUTOPSY? YES NO 2	20b. IF YES, IN CERTIFY YES	, WERE FINDIF YING CAUSES	NGS USED OF DEATH? NO
0	CERT	gove rise to im couse (a), stori underlying cousi underlying cousi underlying cousi 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF ETITHER. NOTIFY MED 141 IN JURY OCCUM AT WC 22a.1 certify that (1 sow the decess above. (1) (we) (1) (	mediate ng the e lost.  NIFICANT CO  DI ITION  CAUSE OF DEATH ICAL EXAMINER)  RED  (Ithis hospital iced alive on	(b)	TION FOR WHICH  FINJURY M. MONTH D.  M.  OF INJURY  GEET, EACTORY, OFFICE, F.  deceased from  2 19 5	DEATH BUT  OPERATIO  AY YEAR  19  TARM. ETC.)	NOT RELATED TO THE TERM  CHP  N WAS PERFORMED  21c HOW INJURY OCCUR  211 LOCATION STREET  19  nd that in (aur) opinion	AINAL DISEASE OR CON  200 AUTOPSY?  YES NO A  RED (ENTER NATURE OF INJUI	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	WERE FIND IN (ING CAUSES )	NGS USED OF DEATH? NO  STAT
0	CERT	gove rise to im couse (0), stoti underlying couse (1), stoti underlying couse (1) and	mediate mg the lost.  NIFICANT CO  DISTRIBUTION  CAUSE OF DEATH  ICAL EXAMINER)  RED  (this hospital and olive on did) (did not)	DUE TO, OI  ONDITIONS CO  ONDI	TION FOR WHICH  FINJURY M. MONTH D.  M.  OF INJURY  GEET, EACTORY, OFFICE, F.  deceased from  2 19 5	DEATH BUT  OPERATIO  AY YEAR  19  TARM. ETC.)	NOT RELATED TO THE TERM  WAS PERFORMED  21c HOW INJURY OCCUR  21l LOCATION STREET  , 19 and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	AINAL DISEASE OR CON  200 AUTOPSY?  YES NO A  RED (ENTER NATURE OF INJUI	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	WERE FIND IN TIME CAUSES	NGS USED OF DEATH? NO  STAT
0	CERT	gove rise to im couse (a), stori underlying cousi underlying cousi underlying cousi 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF ETITHER. NOTIFY MED 141 IN JURY OCCUM AT WC 22a.1 certify that (1 sow the decess above. (1) (we) (1) (	mediate mg the plast.  NIFICANT CO  NIFICANT CO  CAUSE OF DEATH  ICAL EXAMINER)  RED  (this hospital and did) (did nat)  AME (TYPE OR PI	DUE TO, OI  ONDITIONS CO  ONDI	TION FOR WHICH  FINJURY M. MONTH D.  M.  OF INJURY  GEET, EACTORY, OFFICE, F.  deceased from  2 19 5	DEATH BUT  OPERATIO  AY YEAR  19  TARM. ETC.)	NOT RELATED TO THE TERM  WAS PERFORMED  21c HOW INJURY OCCUR  21l LOCATION STREET  , 19 and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [  27e ADDRESS	TOO AUTOPSY?  YES NO AUTOPSY?	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	WERE FINDING CAUSES COUNTY  COUNTY  9  ond from the  27C, DATE 2/5	STAIL

STATE OF MARYLAND

ILL LINE DESCRIPTION OF PERSONS OF PERSONS ASSESSED FOR STREET

3

moy be

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ()

B	10	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
		CEASED NAME	FIRST	N	BIDDIE	l	AST	20 DATE OF DEATH	MONTH [	DAY YEAR	2b. HOUR
			EDA	M	AY	STEIN	INGER	February	2. 19	87	8:10 PM
	3. SE)	(		4 RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	F	emale	- 1	White		MS TH	1 7921 YEAR	65	YRS	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OF F	OREIGN	76 CITIZEN OF V	VHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
P	1	Maryland	- 4	USA		WIDOWE		Δ11α	egany C	ounty	MD.
1	10 CI	TY OR TOWN OF DEA	TH	I.F. NAME OF H	OSPITAL, NURSI	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	126 KIND C	OF BUSINESS OR
(	C	umberland		Memoria	Hospit	al		Domestic	J OF WORKING LIFE	House	9
1		AL RESIDENCE (# NURS	NG HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFO		A 12 L BUCKDE CITY LIMITO	13e STREET ADDRESS	1 / 710 CODE	MIK	1461
7		st Virgini	V	eral	Burling		YES NO	Rt. 1 Box		1 dente	
11		THER'S NAME	a. PILI	ELGI	PILL LING	1.01	15 MOTHER'S MAIDEN NA		109 A	AT ZOT	10.5
1	R	usseTl S	am	MIDDLE	Arthur		Nancy FIRST	Jane	Shaf	fer LAS	51
2		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT	ADD	RESS		
5		ves	WW2	E MAK ON DATES)	220-03-	7407	Mesx Mr. Har	and Steini	nger !	Same	
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), a	nd (cirl	//	1		APPROX	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W	AS CAUSE	D BY:		(0.21	20 Vasarles +	taident		DC   WEEL	On Je I And Death
		100	IMMEDIAL	E CAUSE (a)		CY	101	/			
		Condition 15	1:1	DUE TO, OR	AS A CONSEQU	UENCE OF	chil ATL	151 leace		1	
		Conditions, if any, gave rise to imm	nediate	(p)		( XX	Chry 1113	10 30 00,000	•		
	- 11	cause (a), statin underlying cause		DUE TO, OR	AS A CONSEQU	UENCE OF	Dislete	No 11-tuc			
		DADE 2 OTHER BION	HEICANIT	(6)	A IZDIBUTALC TO	DE ASIA BUIL	J/ 1 49	1 02//10/9		FALLE L D. L. D. T. L.	7.5
	Z	PART 2 OTHER SIGN	1/1 h	INTO PA	and hala la	JULAS PI BUT	NOT RELATED TO THE TERM	INAPPISERSE OR CO	GOL.		1. Mut
7	ATIC	190 DATE OF OPERAL	HON	19h CONDI	LION FOR WHICH	H OPERATIO	N WAS PERFORMED	20 AUTOPSY?		WERE FINDIN	NECLISED
1	CERTIFICATION	THE DATE OF CITETION		1,2 00.101	TOTAL TARRET	7	TV WAS TENI ONNED		IN CERTIF	YING CAUSES	OF DEATH?
_	ERT	71s. ACCIDENT WAS UND	EDIVING F	21h. TIME OF	BUHIRV	_	21c HOW INJURY OCCUR	YES NO	YES		NO []
1		OR CONTRIBUTING		LIQUID A A	A. MONTH E	DAY YEAR	ZIC HOW INJURY OCCUR	LD ENTER NATURE OF IN	JURY IN ITEM 18 PA	ARI I OR PART 2)	
	CA	(IF EITHER, NOTIFY MEDIC				19					
	MEDICAL	21d. INJURY OCCURE		21e. PLACE C	OF INJURY EET, FACTORY, OFFICE,	, FARM, ETC }	211. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	-	AT WORK AT WOR	RK								10.00
		220.1 certify that (1)	(this hospi	tal) attended the	deceased from		, 19	, to		19	that (I) (we) lost
	9	sow the decease above, (I) (we) (d	ed olive on	t) view the body o	ofter death	, or	nd that in (my) (our) opinion (	death accurred on the	date and hour	and from the	couses stated
		226. SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1/	11		DEGREE			Th. DATE	SIGNED /
2				Kanji	1 hay		ATTENDING PHYSICIAN D	MEDICAL ST DIRECTOR PHYS	AFF SICIAN 🗌	2	2/3/87
		22d PHYSICIAN'S NA	AME ITYPE O	R PRINT)	/_		22e. ADDRESS Memor	ial Hospit	al Med	ical Bu	illdine
		Dr. Ra	njith	an —				rland, MD			
	23a 8	SURIAL, CREMATION,	REMOVAL	236. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		# OUNT	STATE
	(	SPECIFY) Burial	1	2/5/87	/ P	otomac	Memorial Gar	. Keyser W	ineral	W.Va.	STATE
			/	- Wall			Inc. a.s.				

DHMH - 16 60M 7/84 (VRA 15, 4)

Boals Funeral Service Westernport, Md. 21562

Auto Dender Color 9

The same of the first and the same of the em generalis Messa iss taxx Market of the second of the se

1		GEORGE-L	<b>JPCHUR</b>	CH FUNE	ERAL HOME	STAT	E OF MARYLAND				
	1 - 5	OR 202 GR	REENE	STREET	DEPARTA		EALTH AND MENTAL HY	SIENE Q 7	0	3	
144934 FFR 2	97 F	EGISTRAR CUME					ICATE OF DEATH	REG. NO		34.0	
	1. DECE	ASED NAME	FIRST	The no	MIDDLE		AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
ay be oge 3 death		FA	MNIE	PE/	ARL S	SWICK		FEBRUARY	( 15,	1987	4:00Am
E do	3. SEX		4	RACE		5. DATE		6 AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	HOURS MIN.
ecto	Fem			White			16,1909	77	YRS.		
8 P P P P	70 BIRT	HPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
Go Dinerro		t Virgini		U.S.A.		WIDOW	DIVORCED	ALLEGANY	COUNT	Υ,	MD.
2 2 2 2	10 CITY	OR TOWN OF DEA	TH 1	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND (	OF BUSINESS OR
5 6 6 5	Cum	berland		SACRE	ED HEART !	HOSPI	TAL	Homemaker		Home	2
	₩SUAL 13a. STA	RESIDENCE (IF NURSI	13b. COUNT	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE		
A COUNTY		yland	Alleg	any	Cumberlo	ind	YES X NO	900 Louis	iana A	ve.	21502
E (列灣約1/	14. FATH	ER'S NAME FIRST	M	NDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LA!	ST
1 1 11		Seymour			Zirk	-	Della	Lee		Whet:	zel
B 9 9 9/	16a WA (YES	DECEASED EVER		WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT	ADDRE			
1 1 1		No			7051079	80	Richard Suich	e - faioress	same a		
BAN Contract opposite tr, th	18	PART I. DEATH W	H (Enter only	y one couse per						BETWEEN	ONSET AND DEATH
ST.			IMMEDIATE		Kespi	rate	ry tailu	ire		10	hRS
O # pop p				DUE TO, O	R AS ACONSEQUE					11/0	of a
RES der onto		Conditions, if ony, gove rise to imm		(b)	HNEN					WC	
3 4 4 6 6 6		ause (o), stating	g the	DUE TO, O	R AS A CONSEQUE	NCE OF	0001			1	da
100 the part of th				(6)						11	aug
DS. 3		ART 2 OTHER SIGN	SSI	ONDITIONS CO	ON TRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	HION GIVEN	N IN PARI 1:	a
8 1 1000	CERTIFICATION	DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED
# 11110×	IFIC							YES TO NOT	IN CERTIFYI		OF DEATH?
AT CONTRACTOR	2	a ACCIDENT WAS UND	ERLYING	216. TIME C			21c. HOW INJURY OCCUR				
S State S		R CONTRIBUTING C		71	M. MONTH DA	YEAR 19					
NO 54 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	_	d INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	A Ph. I	COUNTY	STATE
NIS of the standard of the sta		WORK NOT WH	ILE C	(AT HOME, STI	REET, FACTORY OFFICE, F	ARM, ETC )	SINCE	CIII OK IOI		COUNT	31811
O STATE OF THE PARTY OF THE PAR	23	a 1 certify that (I)	(this hospite	al) attended th	e deceosed from_	2	14 ,19 85	F. to 2 -	15 19	80	that (I) (we) last
100 Per 100 Pe		pove Travel (d	d alive an_	view the body	ofter death	, a	nd that in (my) (our) opinian	deoth occurred an the do	te and hour o	and fram the	couses stated
A Sept of Sept	7	B. SHENATURE	, L	1	-/)		DEGREE			22c. DAJE	SIGNED
A 444		Taul	ne	verse	m pool	D	ATTENDING PHYSICIAN (	MEDICAL STAF		211	5/87
PA SA A A	2	d PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDRESS				Transition I
S HOS toring to FUN SPORT		PAUL LIV	'ENGOO	D, M.D.			BMG, 912 SET	ON DRIVE, CL	JMBERL/	AND, M	D 21502
R.S. C. S. S.	230. BUF	IAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP	Bur	ial	10	12=17			Memorial Park	To our to o o coor to			
DHMH - 16 60M 7/B4	24 FUN	ERAL DIRECTOR G	eorge	-Upchw	ich Funero	al Ho	me. P.A. 250. DA	E REC'D. BY REGISTRAR		AR'S SIGNAT	THRE
(VRA 15, 4)	202	Greene S	treet	-Cumber	rland, MD	2150	2 FE	B 2 0 1987	guita D	Paradkly.	

		FOR SCARP	ELLI	FUNERAL	HOME		E OF MARYLAND FAITH AND MENTAL HYG	HENE (S)	0 "	7	1 2
144294 FER 1	7 0	TREGISTRAR CUM	BERLA	ND, MD	21502	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	8 REG. NO	U	5 -	1 6.0
1.604 1501		CEASED NAME	FIRST		WIOOFE		AST	20 DATE OF DEATH M	ONTH DAY		26 HOUR
noy be poge 3		J	AMES	L	.E0	TU	INNEY	FEBRUARY	5,	1987	6:15P <sub>M</sub>
4 mo	3. SE	X		4 RACE		S. DATE C	OAY YEAR	6 AGE (IN YEARS LAST BIRTH	OAY) IF	UNOFRIYEAR	HOURS MIN.
oge ours o	7- 0	male		white	WHAT COUNTRY?		02-02-1900	87	YRS.		
deoth. P deoth. P	in .	PA		USA		WIDOWE		ALLEGANY (	COUNTY		MD
Softer is ofter		umberland	(TH		HOSPITAL, NURSIN		TAL	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	N WORKING LIFE)	IZE KIND OF INDUSTRY GOVE	r BUSINESS OR I
ND 212.	13a.	AL RESIDENCE (IF NURS STATE MD	136 COUN	other institution ITY egany	130 CITY OR TOW Cumber 1	N .	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / CINT Baltin	ZIP CODE 10 re &	Liber	21502 ty Street
MARYLA within and within mpletely and 2 st	14. FA	ATHER'S NAME FIRST Tho	mas L	MIODLE Tunne	V		15 MOTHER'S MAIDEN NA			LAST	
IMORE, I		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	0570367		Mr. William	ADDRES		y, WV	- cousin
ecords to restore our requirements of the other of the other of prior to buriof, cremotron, or ony injury, or other froumon	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), storin underlying couse  PART 2_OTHER SIGN   lost.	DUE TO, O	ingestu	ENCE OF	OT RELATED TO THE TRA	MINAL DISEASE OR COND	20b IF YES, V	VERE FINDIN	IGS USED	
ICEAN The Light physicion.  g physicion.  g physicion.  iol-transt permitted hygiene  rem 18 shows		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEA	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	YES NO	YES [		NO [
NG PHYSICIAN offending physic offending	MEDICAL	21d INJURY OCCURE	ILE 🗆	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	ZII LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
ATTENDIN Spritol or ICTOR: Af of for use of of for use of theoltin		22a.1 certify that (1) sow the decease above, (1) (will					d that in (my) (our) opinion	deoth occurred on the dat	e ond hour o	nd from the c	
PITAL OR by the ho IERAL DIRE se detoche Stote Dep		22b. SIGNATUR	40	Vag	mel 1	mo		MEDICAL STAFF	AN 🗌	27c. DATE S	6-87
TO HOSPITA retoined by TO FUNERA should be drawn the Stol		DR. GARY	WAGO	NER				WALSH ROAD,	CUMB.	MD 21	1502
BP		BURIAL, CREMATION, (SPECIFY) BURIAL	REMOVAL	23b. DATE 02-0			er Paul Cem.	23d. LOCATION CITY OF TOWN CUMberla	nd Al	legan,	y MD
DHMH - 16 60M 7/B4 (VRA 15, 4)		James F. Si	carpe	lli, Cur	mberland,	MD 2		10 88/	NE REGISTRA		pilo (III)

STATE OF MARYLAND

LOUIS PRESENTATION OF STATE TEB 10 WEV

page 3

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH MIDDLE 26 HOUR nder 5 DATE OF BIRTH Dec. 11° 1892 94 White YRS BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Allegany WIDOWED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Cumberland Nursing Center (TYPE OF WORK FOR MOST OF WORKING LIFE) INDURIE tail Cumberland 13d. INSIDE CITY LIMITS? 1427 Church Street/21502 YES A NO [ 15. MOTHER'S MAIDEN NAME Suder Deeter Sarah Ann 16b SOCIAL SECURITY NO. 17. INFORMANT Edith Austin - Meyersdale, PA 214-05-5728 Mrs. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	iald fue	<u>t.</u>	
PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT		INAL DISEASE OR CON	206 IF YES, WERE FINDINGS USED
THE OF OPERATION			YES NO	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR		YES NO

22d PHYSICIAN'S NAME

22e ADDRESS

ATTENDING

23a. BURIAL, CREMATION, REMOVAL Burial

saw the deceased alive an\_

226. SIGNATURE

23¢ NAME OF CEMETERY OR CREMATORY

Feb. 24.1987 Rose Hill Ceme.

DEGREE

23d LOCATION Cumberland,

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

STAFF

22c. DATE SIGNED

24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2

A BISTATE

(TYPE OR PRINT

3 SEX

REGISTRAR

Female

Peter

No

FIRST

4. RACE

Allegany

W. MIDDLE

(IF YES GIVE WAR OR DATES)

USA

1. DECEASED NAME

COUNTRY

John J. Hafer, Jr. LaVale, MD FFB25

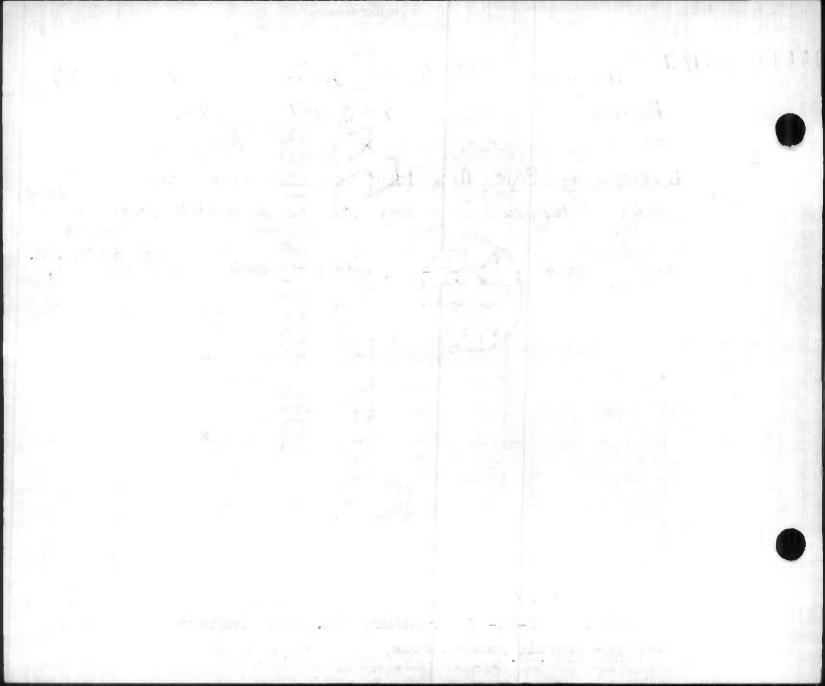
PHYSICIAN DIRECTOR PHYSICIAN

BY REGISTRAR 256, REGISTRAR'S SIGNATURE La Diorder Rendert Total all the second of the se a company of the second 
			FOR	DE		OF MARYLAND	AL HYGIENE	
54	7.3 FEB 21	150	STATE REGISTRAR	MEDI	CAL EXAMINE	R'S CERTIFICAT	E OF DEATH	3 4 1 4
0 1		1. DE	CEASED NAME FIRST	^	WIDDLE BD	LAST	20. DATE KNOWN P MO	NIH DAY YEAR 26 HOUR
	CHES. PASE		Jame	U	ozefir	Van	DEATH MATED .	
p	DIRECT DIRECT OUR FI ON STR	3 SEX	MW	5. DATE OF BIRTH MONTH DAY 03-17-19			PRONOUNCED DEAD	15 10 87 8:12
0	NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS A RRESTON STREET,	FO	RTHPLACE (STATE OR REIGN COUNTRY) MD	USA			ORCED Allegany	ME
10	AY IS AACE SOLED		Cumberland	Memoria]	Hospital	OR OTHER INSTITUTION	12a USÜAL OCCUPATION (TYPE OF WI FOR MOST OF WORKING LIFE) Tire Builder	ORK 1126 KIND OF BUSINESS OR INDUSTRY Tire Co.
21201	IF ANY DEL 2, AND 3 TO 3. RETAIN SHOULD BE RECORDS	USUA 13a S	L RESIDENCE (IF IN NURSING HOME O TATE 136 COUNT MD A]]		RESIDENCE BEFORE ADMISSION 13C CITY OR TOWN Cumberlar	13d INSIDE CITY LIMI	13e STREET ADDRESS 406 East Oldt	own Road/21502
RE, MD.	PW SELL	14 FA	THER'S NAME FIRST James E.	MIDDLE	LAST	15. MOTHER'S M	Theresa P. Mello	tt
ALTIMO	AFTER D INF PAGE H FORM H FORM 1SION 6	16a V	VAS DECEASED EVER IN U.S. ARA S. NO. OR UNKNOWN) YES 7/54	VAR OR DATES)	216-30-1798		ADDRESS Dris Van, Cumberland	, MD - wife
N ST. B	HO WEEK		18. CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED IMMEDIAT	y ane cause per line fa BY: E CAUSE (a)	(a), (b), and (c).) . S. C. V. ]	D. + C. C	2. P.D. + CA. of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON	EXECUTED WIT IN BEING IN PENCE CAL EXAMINE CAL EXAMINE BURIAL - TRAIN AND MENTAL AATION, OR REMAINED TO THE PENCE CALL OF THE PENCE CALL O		Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying</u> cause last.	(b)	S A CONSEQUENCE OF			7.
CORDS,	ULD BE EXECUTEI "PENDING" IN I FF MEDICAL EXA ED AS A BURIAL HEATH AND M ALL CREMATION,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS (	DATRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIVEN	IN PART 1 (a).	
DIVISION OF VITAL RECORDS, 201 W.	OULD SEED SEED SEED SEED SEED SEED SEED SE	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERAT	ION WAS PERFORMED?		ZD AUTOPSY?
NOFV	CERTIFICATE SHAITING THE WORDED TO THE CHES SHOULD BE COPPARTMENT		210 EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF D		NJURY MONTH DAY YEAR	21c HOW INJURY OCC	URRED EENTER NATURE OF INJURY IN ITEM 18 PART TO	
DIVISIO	THIS CERTIFICATE  WRITING THE W WARDED TO THE PAGE 3 SHOULD B TATE DEPARTMEN 21201 PRIOR TO B	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF	INJURY (ATHOME,	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ANNER: THIS C THISTOATE, WRIT BE FORWARDE ECTOR: PAGE 3 THIN THE STATE FYLAND, 21201		22a. I certify that I taak charg		bed abave, held an		ection Inquiry and in m	ny opinian
•	MAR WAR		ACTUAL SIGNATURE	ueisco	Juger	TITLE (SPECIF	Y) DI MEDICAL EXAMINER SI	ATE 2/15/87
	TO MEDICAL EXECUTE THE PAGE 4 SHOI TO FUNERAL AFTER TRATH		(TYPE OR PRINT)	ncisco f	Leyes	ADDRESS 900	Seton Drive, Cum	berland Ma
		23a.Bl	JRIAL, CREMATION, REMOVAL 2	DATE 12-18-1987		TERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
07/84 25M	BP	24 FL	Burial C INERAL DIRECTOR		I utiticies	t Burial Par	ck Cumberland All	egany MD
	(VR A15 ME (5))		James F. Scarpe	ADDRESS	erland. MD 1	21502 F	B 24 187 4	March St.



	1-	FOR STATE REGISTRAR	CERTIFICATE OF DEATH 8 7 REG. NO.
Z FEB 17	1. DE	CEASED NAME FIRST	Kennedy Wattenschaidt 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
her d	3. SE		4 RACE S. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
urs of		female	WC 7 /1 1894 You YRS
P 207		RIHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED ALLEGO ALL
4.10万		TY OR TOWN OF DEATH	WIDOWED   DIVORCED     WD.
The day	1	maconing	rale Its Home housewife
filled in	13a. S		OUNTY 130. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE POR 7/ Water Station Run
mpletely care of the care of t	14. F.A	ther's NAME	MIDDLE Jeffrey IS MOTHERS MAIDEN NAME LE Stewart
- Pages 1	4.	VAS DECEASED EVER IN U.S. (165, NO OR UNKNOWN) (167 YES	S GIVE WAR OR DATES)
ingred by fire obtaining physical prices and property of other troumpiles, as terminal party, or other troumpile event	N	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
hos been	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY?  206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
9		71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FOEATH HOUR A.M. MONTH DAY YEAR
the this could like he had on it	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)  211 LOCATION STREET CITY OR TOWN COUNTY STATE
TOR Altonoses		saw the deceased alive	ospital) attended the deceosed from 19, ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated dinativities the body after death
AL DIRECTOR DESCRIPTION OF DEPT		276 SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   270 DATE SIGNED  3 1) Y
TO FUNER, should be with the Sto		DON A A	T. Manger 13'S ) A (ESD) & SY LOID A (DIDING
P		Burial, CREMATION, REMOVE SPECIFY Burial	val 236 Date 2-14-87 Frostburg Mem. Park Frostburg Allegany Md All
NH - 16 60M 7/84	74 F	Chaorn-McKe	enzie Funerales Home 256 DATE REC'D. BY REGISTRAR'S SIGNATURE

STATE OF MARYLAND



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

Boals

STATE	OF MARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	1		
0	1		
	DEC.	NO	

)	3	e 6	-	0
				- 8

	] -	FOR STATE REGISTRAR			DEPAR		IEALTH AND MENTAL HYG	IENE 8 /	0	3 4	0
			RST	N	NIDDLE		AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	(TYPE	OR PRINT)	ohn R	. Well	S			2/27/87			9:00am
	3. SE	Х	4.	RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
	Ma	ale		White		7/1	01/88	98	YRS.	DATS	HOURS MIN.
4	7a. BI	RTHPLACE (STATE OR FORE)	GN 7b,	CITIZEN OF V	VHAT COUNTR	Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY C	F DEATH	
X	(	Dhi•	U	nited	States	WIDOWE		Allea C	ouhty		MD.
-1		ITY OR TOWN OF DEATH	11		OSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION  Type of work for most of working (IFE)  SILKWOTKET  120. KIND OF BUSINESS OR INDUSTRY  SILK			
1		rostburg					Hospital	Silkworker		SIIK	
5	13a S	AL RESIDENCE (IF NURSING I STATE 136	COUNTY		134 CITY OR TO	NN	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 24 Floric		Lonac	oningMD
7		John FIRST Rees	e MID	DLE Well	PAST		15 MOTHER'S MAIDEN NAM	Wilson		LAST	
4	lée V	WAS DECEASED EVER IN U			166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS		
	(	YES, NO OR UNKNOWN) (II	FYES, GIVE W	'AR OR DATES)	216 07	2716	Lewis Wells	Lonaconin	z. Md.	21539	)
cieli		Conditions, if ony, wh gove rise to immedicave (o), stating underlying cause I	mEDIATE (	DUE TO, OF	AS APONSEC AS A PONSEC AS A PONSEC	ehr	Vaccular Vaccular	Accide di cesse	ent CI	17	MATE INTERVAL INSET AND DEATH
1	CERTIFICATION	PART 2. OTHER SIGNIFIC 190 DATE OF OPERATION					NOT RELATED TO THE TERM	20e AUTOPSY?	206. IF YES, V	WERE FINDIN	IGS USED
	RTIF						comment of the	YES NO	YES		NO 🗌
		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	216. TIME OF HOUR A./	M. MONTH	DAY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	TIORPART?)	
	MEDICAL	21d INJURY OCCURRED  WHILE OF NO A	-	21e PLACE C	OF INJURY EET, FACTORY OFFIC	E, FARM, ETC )	211 LOCATION STREET	CITY OR TO	NN T	COUNTY	STATE
		220-I certify that (I) (this saw the deceased a observe (II) been did a 226 SIGNATURE	De op	1000	19	74-	nd that in (my) (our) opinion of DEGREE	death occurred on the do	F		
1		22d. PHYSICIAN'S NAME	jug our	HO	0.,-0		22e ADDRESS	DIRECTOR   FITTS	IAIT	F /-	11
			-6h	0			48 Tarn Terr		urg, M	D	4
		BURIAL, CREMATION, REA (SPECIFY) Burial	AOVAL	3/2/87	23 P		Cemetery or crematory	23d LOCATION CITY OF TOWN Westernp			
	24 FI	Boals Fun	eral	Service	e Lonac	oning,	Md. 21539 AR	E REC'D. BY REGISTRAR	256 REGISTRA		

LI L Real of the control of the state of the Principal devices and the second second second second

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours biffer a retained by the haspital an attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attraction and completely filled in 1911 the should be detached for use as the bunal-transit permit. Then please it more continuations and 2 should in the time with the State Dept. of Health and Mental Hygiene prior to burial, cremening.	IMPODITANT 16 non 21 is marked on them 10 shows instruction or other
		should be with the St	IAADODTAN
	BP.		-

	1 -	FOR SCARPELLI FOR STATE REGISTRAR 108 VA.	UNERAL HOME DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7 <sub>REG. NO.</sub> 0 3	1417
2 8 FEB 27 0	DE	CEASED NAME FIRST OR PRINT]	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
ay be		RALPH		LSH SR.	FEBRUARY 16,1987	5:15 P <sub>M</sub>
4 mc	3 SE		4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UND	DER I YEAR IF UNDER 24 HRS
noge nors o	1	male	white	09-17-1921	65 YRS.	
death. P		MD	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALLEGANY COUNTY  ALLEGANY COUNTY	MD.
phe 12	10. CI	Cumberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A SACRED HEART HO	ADDRESS)		textile
filled Hound	13a S	STATE 13b. COUN	other institution give residence before ITY 13c. CITY OR TOWN	N 1134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE Valley Road/215	502
mpletely and 2 sh	14. FA		widdle Welsh	15 MOTHER'S MAIDEN NA	Mabel L. Troutman	LAST
Pages 1			E WAR OR DATES)		ADDRESS	land MD
ion ion ion ion ion			WW II 216–18–1.  ly ane cause per line for (a), (b), and		. Welsh, Jr., Cumber	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death certinal standard by the attraction of the please rimple carriers to burial, cremotion injury, or other frontiers.	NO	Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO D	nce of a cly  NCE OF and Sene	COPD  MINAL DISEASE OR CONDITION GIVEN IN	PART I(g)
ician.  The law in the has been set permit.  Glene prior  Shaws any	CERTIFICATION	19¢ DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		RE FINDINGS USED CAUSES OF DEATH?
SICIAN: T ng physici certificate unal-transi ental Hygi		21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I O	RPART 2)
affer this of the burner of th	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	OUNTY STATE
ADIN S. Af			al) attended the deceased fram_	. 19		, that (I) (we) last
Spite CTOI Ifor of h		saw the deceased alive an abave, (1) (we)-(did) (did not	yiew the body after death.	, and that in (my) (our) apinian	death accurred an the date and have and	fram the causes stated
by the har by the har by the har bill of a detached State Dept ANT: If hen		22b. SIGNATURE :	0	DEGREE ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	2/10/87
TO HOSPITAL TO FUNERAL should be def with the State		22d. PHYSICIAN'S NAME (TYPE OF	6	MEMORIAL MI	EDISAL BUILDING, CUN	4B. MD.21502
5 5 5 4 3 8 +	23a E	URIAL, CREMATION, REMOVAL	23b DATE 23c. N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		Burial	02-19-1987 S	unset Memorial Par		egady MD
DHMH - 16 60M 7/84 (VRA 15, 4)	-	JAMES F. SCATTE	lli, Cumberland,	25a. DA	824 194	Sales Sa
		- Carpe.	Compositatio	110 21702	I	

Market State of the State of th

		21 FC0V-1			NERAL HUP	ME STAT	E OF MARYLAND				
26 FEB 2	O (	FOR 404 DECA			DEPAR 21502		EALTH AND MENTAL HY	0 /	REG. NO.	3 .	! 8
		CEASED NAME FIRE OR PRINT)	151		MIDDLE		AST	20. DATE OF DE		DAY YEAR	2h HOUR
	[1 TPI		HERIN	VE A	GNES	WELT	ON	FERRIN	ARY 16.	1987	2:30A M
	3. SE	X	4 R	ACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS		IF UNDER 1 YEA	AR IF UNDER 24 HRS
		FEMALE		WHITE	Ξ	FEB		80	YRS	MONTHS DAY	S HOURS MIN.
21-		IRTHPLACE (STATE OR FOREIG	5N 7b.	CITIZEN OF	WHAT COUNTRY	/? 8 MADDIE	DXX NEVER MARRIED		CITY OR COUN		
20		MARYLANI		USA		WIDOWE	D DIVORCED	ALLEGA	ANY COUN	VTY,	MD.
13-0	1	ITY OR TOWN OF DEATH	11.				OR OTHER INSTITUTION	12a USUAL OC	CUPATION R MOST OF WORKING		OF BUSINESS OR
300		JMBERLAND			D'AHEART"		AL		D BEAUT		
3	13a 5	AL RESIDENCE (IF NURSING H STATE 13b.	COUNTY		13c. CITY OR TO		13d INSIDE CITY LIMITS?	13a.STREET ADD	ORESS / ZIP CO	DDE 215	502
E	-		LLEGA	ANY	LAVALE		YES NO X	112 PA	RK AVE I	PARK HET	IGHTS
1/4	14. F/	ATHER'S NAME	MIDD		LAST		15. MOTHER'S MAIDEN NA		NOOFE		LAST
1/6		JOHN	6 45		CHOLS		BRIDGET	AN	ADDRESS (	CORRIGAN	J
medical	180. (	VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	YES, GIVE WA		2201079		17 INFORMANT		ADDRESS		
He H							JAMES WELTON	112 PARI	K AVE LA		
4,		18 CAUSE OF DEATH (Er PART I. DEATH WAS C	AUSED BY	ne couse pe Y:	r line facto), (b),	and (c).1	1 Ala	111/12	0,	BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
		IMM	NEDIATE C	AUSE (a)	Car	vein	una you	red il	unere	47 6	a. mo
9		Decided to the		DUE TO, C	R AS A CONSEQ	UENCE OF		/			
		Conditions, if any, whi gave rise to immedia		(p)							
t € .:			the st.	DUE TO, C	R AS A CONSEQ	UENCE OF					
9-0-4		DART 2 OTHER SICAUEN	1	(c)	ONTRIBUTING T	DE ATH BUT	NOT RELATED TO THE TERM	White District O	B. CONIDITION (	20/51/01/01/07	
to bu	Z	Marko	List	WILL ST	1	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE O	K CONDITION C	SIVEN IN PART	110
Prior I	CERTIFICATION	19a DATE OF OPERATION				H OPERATIO	N WAS PERFORMED	20a AUTOPS		YES, WERE FIND	
au au	E							YES T N		TIFYING CAUSE	ES OF DEATH?
8 2	GE	210. ACCIDENT WAS UNDERLY	-	21b. TIME C		115.15	21c. HOW INJURY OCCUR				
E		OR CONTRIBUTING CAUSE		HOUR A	.M. MONTH .M.	DAY YEAR					
o X	MEDICAL	21d. INJURY OCCURRED		21a PLACE	OF INJURY		211 LOCATION		ITY OR TOWN	COUNTY	STATE
arked	\$	WHILE NOT WHILE [		(AT HOME, ST	REET, FACTORY, OFFICE	E. FARM ETC )	SIRCEI		11 OK TOWN	COUNTY	SIAIE
eol#		220.1 certify that (I) (this	hospital)	ottended th	e deceased from		. 19	, to		. 19	, that (I) (we) last
21 is		saw the deceased all above, (1) (we) (did) (	ive on	ew the hady	ofter death	. 01	nd that in (my) (our) opinion	death occurred o	n the date and h	nour and from th	ne couses stated
He He		17h SIGNATURE		ew nie body	one, dedin,		DEGREE			Zhi DAT	TE SIGNED
T. If		1/2	10	UM.	3oce	1-7	ATTENDING PHYSICIAN	T DIRECTOR []	STAFF PHYSICIAN []	27	17-47
AN		22d. PHYSICIAN'S NAME					22e ADDRESS				
with the Store [MPORTANT: #		DR. V. EUG	SENE I	MAZZO	CCO		SACRED HEART	HOSPITA	L CUMBE	RLAND M	D.
₹ 3 ₹/		BURIAL, CREMATION, REM	OVAL 2	3b DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO			
		BURIAL		FEB 1	8 1987 H	ILLCRE	ST BURIAL PAR	K CUMBER	LAND AL	LEGANY 1	MD. STATE
6 60M 7/84	24. FI	UNERAL DIRECTOR	1		ADDRESS		25a. DA	TE REC'D. BY REG			ATURE
5, 4)		SILCOX-MERRI	IT FU	NERAL	HOME CU	MBERLA	ND MARYLAND	EB 1919	87 Au	in Deviden	n. Findres
	-										

NOT THE MARKETON

188 183 EA TBB 6 1837

	RYLAND

3	REG. NO.	0	3	do]	-	S
---	----------	---	---	-----	---	---

45226 FEB 26 I	71 -	FOR STATE REGISTRAR			HEALTH AND MENTAL HY	GIENE 8 / REG. N	0 3	4 1 9		
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY Y	PAR . 2b. HOUR		
noy be poge 3		Edith	V Will, et	ts		2/20/87		12;16am		
tor.	3. SE	Female	4 RACE White	MON	OF BIRTH  TH DAY  YEAR  3/30/17	6. AGE (IN YEARS LAST BI		YEAR IF UNDER 24 HRS DAYS HOURS MIN.		
eroth. Poge 1772 hours	Zu: BI	RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	76 CITIZEN OF WHAT CO United Stat	MARR	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	rH MD.		
office de formation		ostburg	11. NAME OF HOSPITAL	L, NURSING HOME	OR OTHER INSTITUTION  Ly Hospital	120 USUAL OCCUPAT		ND OF BUSINESS OR		
MARYLAND 21201 ed within 24 hours of mpletely filled in by ond 2 should be fulle	Ma			ence before admission or town stburg	YES 🔀 NO	13e.STREET ADDRESS Box 377,	/ ZIP CODE 215 Midlothia	43		
MARYL mpletely ond 2 s	14 FA	THER'S NAME FIRST  Olin	Skidmo:	re .	15. MOTHER'S MAIDEN NA	AME	Rankin	LAST		
BALTIMORE, cote be execut to the cote of copers. Pages 1 wol. 11, the medical		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GN	E WAR OR DATEST	36 6921	Matthew Wil	letts, Same	as 13e			
ST., BAL. ertificate g physicic onpoper removal. event, th		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA)	nly one couse per line for (in ED BY: TE CAUSE (o)	EPTIC	SHOCK		EFT.	PPROXIMATE INTERVAL WEEN ONSET AND DEATH		
that the death co		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	SPTIC	•					
DS, 201	N O	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  FELTY'S SYNDROME, RHEUMA TOID ATT THRITIS								
DIVISION OF VITAL RECORDS NO PHYSICIAN. The law requirements of the burief control from the mit. The though whether the permit. The though whether they permit the divised or them Lib they sory inter-	CERTIFICATION	190 DATE OF OPERATION	796 CONDITION FO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES				
OF VITA  OF		On SOUTHING DISCUSS OF DE LEG HOUR A.M. MONTH DAY YEAR								
WISION CO PHYS attending or the bur wand Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJUR (AT HOME STREET, FACTOR	RY	211 LOCATION STREET	CITY OR I	OWN COUN	TY STATE		
DITTENDEN TITTEN		220   certify that (1) (this hospital) attended the deceased from F&B 17 , 19 87 , to F&B 20 , 19 87 , that (1) (we) lost sow the deceased give on F&B 19 87 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated								
At OR A At Diego		above, (1) (we) (did) (did not) view the body ofter death.  226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN [1] DIRECTOR PHYSICIAN [								
O HOSPITA House by Nouse de de Mould be de Mould be de Mould be de		Dr. S. Chang			ne. ADDRESS Frostburg	,MD				
01 251 21		SURIAL, CREMATION, REMOVAL		23c NAME OF	CEMETERY OR CREMATORY	* *	**************************************	57.76		
BP		Burial	Feb.221987	Frosth	ourg Mem. Park	Frostbu				
DHMH - 16 60M 7/84 (VRA 15, 4)		Durst Funeral F	Home, Frostb		25a DA	B 2 5 1987	R 25b, REGISTRAR'S SIG	GNATHRE		

0 3 - 1 - 3 Pel. Pal. Product of the control of The state of the s

						Lli Fu	meral l	Home			OF MARYLAND					
11/4/	1521	EFO		1-	STATE 08 Virg	ginia	Ave	DEI			EALTH AND MENTAL H	YGIENE O	0	3 4	.2	J
0 .	TUZ	「上り	113				nd, MD	21502		CERTIF	ICATE OF DEATH	REG. N	434			7
					EASED NAME	FIRST		MIDDLE		Ł.	AST	20. DATE OF DEATH		AY YEAR	10	
	noy be	to		( I AbF	OR PRINT)	Lara	Eli	zabeth		Wils	on	February 9,	1987		12:	20A M
	yor god	0	3	SEX		1	RACE		5	DATEC	F BIRTH	6. AGE   IN YEARS LAST BIR	THDAY)	IF UNDER 1 YE	AR IF UND	ER 24 HRS
	2 0	1			female		whi	te		~05	-23-1921 YEAR	65	VPS	ONTHS DAT	S HOURS	MIN.
-	2 4	2 1	7	O. BIRTHPLACE (STATE OR FOREIGN		DREIGN 7	76 CITIZEN OF WHAT COUNTRY?				9 BALTIMORE CITY O	9 BALTIMORE CITY OR COUNTY OF DEATH				
	death.	LL	2	С	MD		USA			WIDOWE		Allegany (				MD.
= (	6		4		YORTOWN OF DEA Cumberland		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION UNION SUCH FACILITY, GIVE STREET ADDRESS DETAIL			120. USUAL OCCUPATI ITYPE OF WORK FOR MOST OF FORMET EMP	F WORKING LIFE	INDUSTR	of BUSIN	JESS OR		
PLAND 217	3	130 S	SUAL RESIDENCE (IF NURSING HOME O BO STATE IN COU		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TO NOT TOWN RIDGELEY		y SMISSION)	13d. INSIDE CITY LIMITS?	Blocker S	13e STREET ADDRESS / ZIP CODE Blocker Street/26753/999			199			
	6.1	FA	THER'S NAME					15. MOTHER'S MAIDEN								
MAR	p pour	1 /10	-1		George	e M. Å	Furstenberg (AS)				FIRST C	lara Belle Ri			LAST	
MORE.	2		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR						17. INFORMANT	ADDR						
	2 6	7	,,,	no			21518	88/51		Mr. Charles	s R. Wilson,	Cumbe:	rland,	, MD ·	-husbar	
ST. BAL	ST., BALT endicate b physical endapers emasol.			18 CAUSE OF DEATH PART I, DEATH WA	AS CAUSED	one cause per BY. CAUSE (a)	line for (a),	(b), and (c)		Cespizatr	y Avor	7	APPR SETWE	OXMATE INT EN ONSET AN	ERVAI IO DEATH	
ESTON	death c	Tight, or sumpti			Canditions, if any,		DUE TO, OI	RAS A GON		CEOF	d Co.	Brook		1		
W PR	1 /				gave rise to immediate cause (a), stating the underlying cause last											
DS, 20	Carried Compa			NO	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTIN	G TO DE	ATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVE	N IN PART	Îta	
1 RECOS	te lou re	20 67	7.	IFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERA					PERATIO	ERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WE IN CERTIFYING YES NOT			ING CAUS	DINGS USI ES OF DEA	ATH?
DF VITA	physicals physicals	Littorn 101 Hyp		ICAL CERTIF	210. ACCIDENT WAS UNDE	AUSE OF DEAT		M. MONT	H DAY		21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2		
NO	HASH Sept	Washing A		EDIC	21d INJURY OCCURR		21e PLACE	OF INJURY		19	211 LOCATION	CITY OR TO	WN	COUNTY		STATE
N	0 1	4 1 B		E	WHILE NOT WHI	LE 🗌	TAT HOME STR	REET, FACTORY, C	OFFICE, FARA	W EIC]	SIMEET	CHI ON TO				STATE
٥	0 0 W	Page 4			220.1 certify that (I)	this haspite	al) attended the	e deceased	fram		, 19	, to		9	_, that (1)	(we) last
-	E 6 0	2 4 5			saw the decease abave, (1) (we) (d	d alive an _ d) (did not)	view the body	after death.	_19	, on	d that in (my) (aur) apinio	an death occurred an the d	ate and havi	and from t	he causes s	tated
	80 % BHG	Dept Ten			226. SIGNATURE		5				DEGREE	ALEDICAL STA		22c. DA	TE SKOPE	)
-	1 4 TA	85 t-			-		A			N)		MEDICAL STA	IAN 🗌	0/	7/8	7
	N I I	SA SA	/		22d. PHYSICIAN'S NA		V				22e ADDRESS				1.400	01500
	A C	75 10			Dr. Qamar	Zama	n					edical Bldg,	Cumbe	rland	, MD	21502
00	nai	7/7	2		JRIAL, CREMATION, F	EMOVAL	23b. DATE				EMETERY OR CREMATOR	CITY OR TOWN		COUNTY		STATE
44	9 BP	7			Burial		02-13-	-1987	Dav	is M	emorial Ceme	etery Cumber		Allec		MD
11		5 60M 7/84			neral director James F. So	carnel	lli. Cur	mherla	PRESS	MD 2	1502 25F	EB 1 7 1887	Julia da	EAR'S SIGN	Hande	12
	LAKM	10, 4				203	,		149	10 4	1702					

ample Income a file of the same. \* Buccied Target Ittspices Mercelal Medical Side, Combanies, 40 . 1542 

be age 3 deoth		CEASED NAME OR PRINT)	FRANK		ELLIS	W	VILSON	20 DATE OF DEA		9, 1987	26 HOUR 10;57 A
ge 4 mo ectar. po urs after c	3. SE	Male		White	>	S. DATE O	16,0011906°	6 AGE (IN YEARS L	YRS.	MONTHS DATE	HOURS MIN
oth. Po		RTHPLACE (STATE OR		US		WIDOWE		ALLEGAN	Y COUNT	Y	MD.
1005	C	umberlar	nd	(IF NOT IN SE	SACREDSTHE	EART H	OSPITAL	120 USUAL OCCU	MOST OF WORKING I		
filled in	1307	AL RESIDENCE (IF NUR	AT PE		N GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS? YES 🔀 NO 🗌	CHUF CH	RESS 1 AIP COP	Balan	d+Md.
ed within		m . FIRST		WIDDIE	Vilson'		15 MOTHER'S MAIDEN N	MID		auson	
n ond co	16a V	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	217-01-	9325	Mrs. Fred	a Wilson	, Box	194,Mi	dland, Mo
death cert leave gherding physic motion, or removal r travmetic event, t		PART I. DEATH V  Conditions, if ony gove rise to im	IMMEDIAT y, which amediate	DUE TO, (b)_	OR AS A CONSEQUE		ve hea	A f	ailin	BETWEEN	XIATE INTERVAL
is law requires that the death certificate and the service at	IIFICATION	Conditions, if ony gove rise to im couse (o), stati underlying cous	y, which amediate ing the lost.	DUE TO, (    DUE TO, (    DUE TO, (    (c)      CONDITIONS (	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TO	200 AUTOPSY	20b. IF YE		TO THE INGS USED
inding physician the seas agned by the ditending physics build training persons. Then please remote condensingly of Maniful Hygierte prier to build, cremotion, an removal discussion for any mury, or other trainings, event, if	AEDICAL CERTIFICATION	Conditions, if ony gove rise to im couse (a), stori underlying coust PART 2 OTHER SIGNATURE OF CONTRIBUTING (IF EITHER NOTIFY MED 21d INJURY OCCUR	y, which mediate ing the ise lost.  ATION  NDERLYING CAUSE OF DEA DICAL EXAMINER RRED	DUE TO, (  (b) DUE TO, (  (c) DUE TO, (  (d) CONDITIONS (  (d) CONTINUE (  HOUR TO, (  (d) CONTINUE (  HOUR TO, (  (d) CONTINUE (  HOUR TO, (  (d) CONTINUE (	OR AS A CONSEQUIOR AS A CONSEQUIOR AS A CONSEQUIOR CONTRIBUTING TO LOCAL CONTRIBUTION TO LOCAL CONTRIBUTING TO LOCAL CONTRIBUTING TO LOCAL CONTRIBUTION TO LOCAL CONTRIBUTING TO LOCAL CONTRIBUTION TO	DEATH BUT OPERATIO  AY YEAR 19	: pu	200 AUTOPSY	2 20b. IF YE IN CERT	VEN IN PART I	INGS USED S OF DEATH?
ATTENDING PRYSICIAN. The law requires that the depth certilicate spatial or attending physician.  GCDR, Attent this exercitate that been agreed by the attending physician content as the burish-trainst permit. Their please cerebit certificate and shartful thygiese prior to burial, cremation, an removal in 21 is marked at Lemit & shart prior to burial, the analysis of attent traumatic event, the		Conditions, if ony gove rise to im couse (o), stori underlying coust underlying coust 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING ITS EITHER NOTEY MED 21d INJURY OCCUR WHILE NOTEY MED 220 I certify that (I saw the decession).	y, which amediate in lost.  ENIFICANT CLAUSE OF DEA DICAL EXAMINER RRED  WHILE CORK  I) (this hospi	DUE TO, (b) DUE TO, (c) DUE TO	OR AS A CONSEQUIOR AS A CONSEQUIOR AS A CONSEQUIOR OF INJURY A.M. MONTH D.P.M. E OF INJURY OFFICE, FACTORY, OFFICE, FILE deceased from	OPERATIO  AY YEAR  19  FARM. ETC.)	211. HOW INJURY OCCU	200 AUTOPSY	2 20b. IF YE IN CERT Y OF INJURY IN ITEM 18	VEN IN PART I  S, WERE FIND IFYING CAUSE ES  PART 1 OR PART 2)  COUNTY  19  ur ond from th	INGS USED S OF DEATH? NO
ADSPITAL OR ATTENDING PHYSICIAN. The law requires that the depth certificant and by the hotation or obtaining physician.  FUNERAL DIRECTOR: After this certificate has been somed by the obtaining physician lobe detached for use as the businishrount permit. Then please emotive certificate the State Depth of Health and Mexical Hygers prior to burial, creatorion, or removal DRTANT, if them 21 is marked at them 18 shows only injury, or other traumditic event, it	CAL	Conditions, if ony gove rise to im couse (a), stori underlying coust part 2 OTHER SIGNATURE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING THE BITHER NOTEY MED 21d INJURY OCCUR WHILE ALWORK ALWORK ALWORK ALWORK Sow the deceo	MMEDIAT  y, which amediate ing the ise lost.  BNIFICANT C  ATION  NDERLYING CAUSE OF DEA  DICAL EXAMINER  RRED  VAILE ORK  VAILE ORK  VAILE ORK  JAME (TYPE O	DUE TO, (b) DUE TO, (c) CONDITIONS CONDITION	OR AS A CONSEQUIOR AS A CONSEQUIOR AS A CONSEQUIOR OF AS A CONSEQUIOR OF AS A CONSEQUIOR OF INJURY A.M. MONTH D.P.M.  E OF INJURY OFFICE, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY, OFFICE, Fly deceased from 19 yother death.	OPERATIO  AY YEAR  19  FARM. ETC.)	211. HOW INJURY OCCU	200 AUTOPSY' YES NO IRRED (ENTER NATURE C	2 20b. IF YE IN CERT Y OF INJURY IN ITEM 18 TOR TOWN The dote and ha	VEN IN PART I  S, WERE FIND IFYING CAUSE ES  PART 1 OR PART 2)  COUNTY  19  22. DAT  2	INGS USED S OF DEATH? NO  SLATE  that (I) (we) lost e couses stated  E SIGNED  S A

The second secon KING SOLVE BELL BOOKS

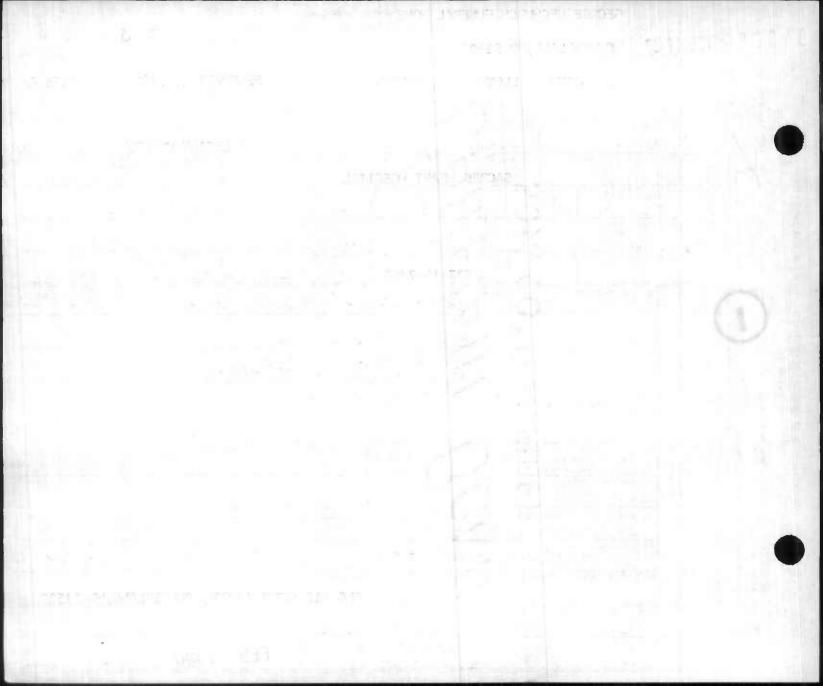
		1	rredlock l		Home	STAT	E OF MARYLAND				
011225	EED 1	-1-	FOR 31 Jones S	Street	DEPAR		HEALTH AND MENTAL HYG	IENE O 7	0.3	6 2	2 2
044335	LERI			ont, WV	26757	CERTI	FICATE OF DEATH	REG. N	0.		
			CEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
be be		(TYP)	OR PRINT)	ian	Ellen	Wil	con	Fohmuser	10 100	7	0. / FA M
noy be		3. SE		4 RACE	PITEII		OF BIRTH	February  6 AGE (IN YEARS LAST BIR		INDER I YEAR	1 UNDER 24 HRS
offer.			Female	C	au.	MONT	· · · · · · · · · · · · · · · · · · ·	7.0		THS DAYS	HOURS MIN.
direction of the contraction of	11/1	70 B	RTHPLACE ISTATE OR FOREIGN		OF WHAT COUNTRY		ch 28, 1913	73	YRS.	DEATH	
# 125 th 72	>6 F		COUNTRY)	78 CHIZER	OI WHAT COUNTRY	MARRIE	D NEVER MARRIED				
deo deo	00	10 C	W Va	LI.S		WIDOW	DR OTHER INSTITUTION	Allegan			MD.
1/21	1			(IENOT IN	red Heart	ETADORESS)	A - 7	TYPE OF WORK FOR MOST C	F WORKING LIFET	INDUSTRY	F BUSINESS OR
10 July 10 10 10 10 10 10 10 10 10 10 10 10 10	20	100	nberland /			-	cat	Homemake	r.	Ow	n Home
12 4 7	(2)	130		OUNTY	13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		4144
ANG n 24 fille	CEL			ineral	Piedm	ont	YES X NO		ampshir	e Str	eet 2675
YL ithi	19/10	JA E	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	T
AM B GO	18/		Charles	Н.	Spicer		Margare			Bisse.	tt
# 5 50	30		VAS DECEASED EVER IN U.S			URITY NO.	17 INFORMANT	ADDRE			
OM # 60	5	,	AEZ NO OB NUKNOMNI (18 XE	S. GIVE WAR OR DATE	23636151	15	Woodrow Wil	son, same a	s 13		
ALT Ne b	- £		18 CAUSE OF DEATH (Ente	er anly ane cause	per line for (a), (b), c	and (c).)				APPROXI	MATE INTERVAL DISET AND DEATH
5 1	1		PART I. DEATH WAS CA				Sepser				
Z A P	5.8	3	IMME		Back Town		0	0			
0 1 13	5 1		Conditions, if any, which		O, OR AS A CONSEQU	UENCE OF	Sudminus	- Kneumor	111-	1.00	
9 3 56	11		gave rise to immediate	e )	)		300000000000000000000000000000000000000				
N 5 65	5 4		cause (a), stating the underlying couse last		O, OR AS A CONSEQU	UENCE OF					
100	0 5		2.07.0	(c)							
, 20 miles	0 p	z	PART 2 OTHER SIGNIFICA	INT CONDITION:	CONTRIBUTING TO	D DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART TIO	1
00 cen	1 - 1	CERTIFICATION	190 DATE OF OPERATION	195.00	NOTION FOR WHIC	HOPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	/FRE EINIDIN	ICS USED
A STATE	9 5 /	J.	THE DATE OF OPERATION	176.00	NOTION TON WITH	TOPERATIO	NASTENI ORMED		IN CERTIFYIN	IG CAUSES	OF DEATH?
TAL The		E	218. ACCIDENT WAS UNDERLYING	215 7104	AE OF INJURY		Tale HOW IN JURY OCCUPE	YES NO NO	YES [		но 🗌
Y Ada sit	£ 20		OR CONTRIBUTING CAUSE O			DAY YEAR	21c. HOW INJURY OCCURE	(ENTER NATURE OF INJU	ZY IN ITEM 18 PART	ORPART 2)	
O 2 2 2 2 2	11/	No.	(IF EITHER NOTIFY MEDICAL EXAM		P.M.	19					
OS SHOP	2 b	MEDICAL	214 INJURY OCCURRED		CE OF INJURY E. STREET, FACTORY, OFFICE	FARM, ETC }	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
N 04 12	o de		MHILE NOT WHILE				122 00	1	110	27	
Z - 25	S =		220 I certify that A (this h				19 04	, to	19.	51	that (i) (we) last
ATTE osputo d for	of 1		saw the deceded liv abave, (1) (we (diff) (di	id nat) yiew the be	adylatter deoth.	0,0	nd that in (my) (our) opinion (	deoth occurred on the d	ate and have an	id from the r	causes stated
OR A DIRE	Her		226. SIGNATURE	011-4	12/211	_	DEGREE	1		22c. DATE	SIGNED
AL Caro	T: If		MO	CHT IN	con nuo	- 11	ATTENDING PHYSICIAN	MEDICAL STA		2/6	0/27
SPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT	A AN		22d PHYSICIAN'S NAME (1	TYPE OR PRINT)			22e. ADDRESS				100
HO HO	MPORTA		Dr. Richar	d Schmit	tt		900 Seto	n Drive, Cu	ımberlar	nd MD	21502
5 g 5 g	I ST		BURIAL, CREMATION, REMO	VAL 23b. DATE	230	NAME OF	EMETERY OR CREMATORY	23d. LOCATION			
199 By	1		Burial				eter's Cemeter	(1) ONTOWN	ort Al	PROMIN	w. Md.
1// 477		24. F	JNERAL DIRECTOR	1160	12,1701	200	250. DAT	E REC'D. BY REGISTRAR	256 REGISTRAL	R'S SIONAT	URE)
DHMH - 16 6 (VRA 15			Fredlock Fun	oral Hon	no Piodmo	int (1)		EB 1 3 198	5	1.5=: 1/0.3	V. Carrelanne
1	,		1 Leurole I WI	Will Holl	it i Lewillo	· vu	100100100	100			

Fredlock Funeral Home, Piedmont, W.Va. 26750

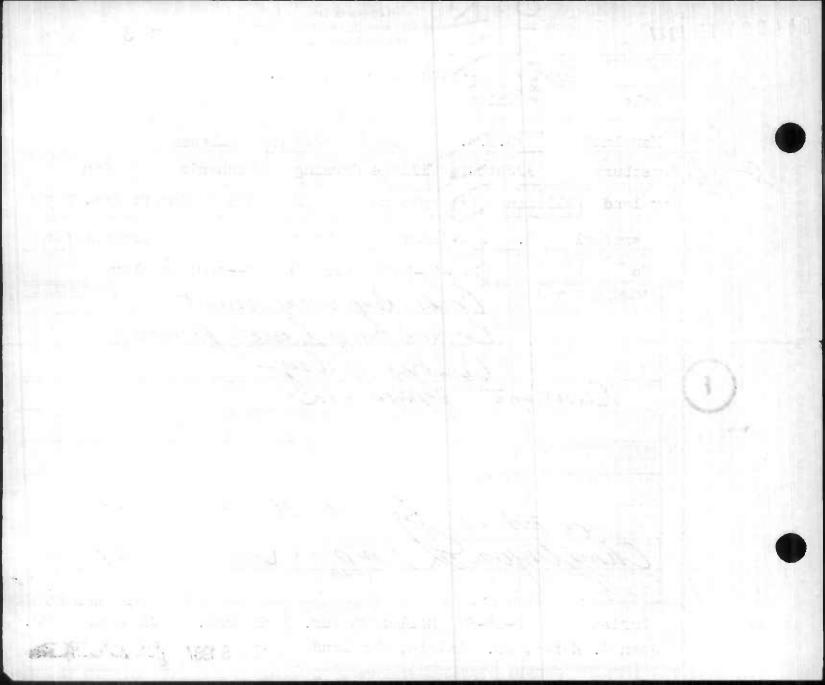
ARA: 1 THE . I STREET . The gray in the state of the De. Algerted Foundes : "E segon defeat, tembershope ID 21362 140

Y1AND 21201	ithin 24 hours offer death. Page 4 may	rely filled in the first state of the description o	in the nothing of one
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the departments are executed within 24 hours office death. Page 4 may retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the annual many boun and completely filled in write function by should be detached for use as the burial-transit permit. Then please removement in a natural signer and set of Health and Mental Hygiene prior to burial, cremation and many and Mental Hygiene prior to burial, cremation and many and Mental Hygiene prior to burial, cremation and many and Mental Hygiene prior to burial, cremation are set.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event_the medical man the notified at all calls
	BP.		

12000 550	GEORGE UPCHURCH FUNERAL HOME STATE OF MARYLAN DEPARTMENT OF HEALTH AND ME STATE	NTAL HYGIENE O 7 0 7 2 3
43668 FEB	T. DECEASED NAME FIRST MODIE CERTIFICATE OF DE	REG. NO.
9 m <del>E</del>	(1YPE OR PRINT)	
oy be ooge 3 deoth	JOHN LLOYD WINFOW  3 SEX 4 RACE 5, DATE OF BIRTH	FEBRUARY 5, 1987 5:35 AM 6, AGE (IN YEARS LAST BIRTHDAY)   FUNDER 1 YEAR   FUNDER 24 HRS
ttar. p	MONTH DAY	YEAR MONTHS DAYS HOURS MIN.
direction of	T- BIRTHRI ACE AND A CITITED OF WHAT COUNTRY !	A SALTIMORE CITY OF COUNTY OF PEATU
も、雅多力	MARRIED A NEVER MA	RRIED ALLEGANY COUNTY MD.
	10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTIT	UTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
1 2 /2	Cumberland SACRED HEART HOSPITAL  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSION)	Bricklayer . Construction
filled in	136 STATE 136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY	INMITS? 138. STREET ADDRESS / ZIP CODE 552 N. Mechanic St. 21502
orthir	14 FATHER'S NAME FIRST MIDDLE LAST FIR	NAIDEN NAME ST MIDDLE LAST
ba ddw	William Wineow Carrie	Coffman
e execut	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMAN' (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR GATES) 577-14-7898 ELizabe:	Rt. Box 335C th Liller Cumberland, MD 21502
har the	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I. DE ATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ic eve	IMMEDIATE CAUSE (a)	ong takens 5d
10 10	Conditions, if ony, which ( ) Center Pneumo	74
by the crimise remover, cremellon	gove rise to immediate	Sin Pulm Dis 1049
that that described or at		491.21911
equires signe Then p to bur njury,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	,
hos beer permit.	Congestive Heart Farler affine Forling  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORA  210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY  210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY  210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY	
physicial physicial tricate of Hyginal B sh	ON CONTRIBUTING LEAVES OF OF ASTALL FOUR A.M. MONTH DAT TEAK	RY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
HYSICIA Iding ph its certifi buriol-tr Mental	ORCONINGUING CASEOP DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P,M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  STREET	
offence of the through the through the throught the throught the throught the throught through the throught through the throught through throught throught throught throught throught throught through throught through throught through thro	WHILE NOTWHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY STATE
NDIR I or II or Use of Teolit	22a.1 certify that (1) (this hospital) attended the deceased from	19, to, 19, that (I) (we) lost
Spito CTO CTO I for of h	sow the deceosed alive on 19, and that in (my) (a obove, (l) (we) (did) (did not) view the body after death.	ur) opinion death occurred on the date and hour and from the couses stated
OR A biRE ched	27% SIGNATURE DE GREE	ENDING MEDICAL STAFF 22. DATE SIGNED
Y the XAL deto	PH	ENDING MEDICAL STAFF YSICIAN DIRECTOR PHYSICIAN 2-6-87
HOSPIT, ined by old be d old be d	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State IMPORTANT: If		2 SETON DRIVE, CUMBERLAND, MD 21502
F 5 F 2 2 2	236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CR	CITY OR TOWN COUNTY STATE
BP	Burial 2/7/87 Sunset Mem. Par	k Cumberland Allegany MD
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR George-Upchurch Funeral Home	750 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FEB 9 1087
(VRA 15, 4)	202 Greene St. Cumberland, MD 21502	FEB 9 1987 Julia Divideon Randales



1100.						OF MARYLAND			
44694 FEB	9 4	STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	8 / REG. NO.	0 3 4	2 4
		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH MO		26 HOUR
oy be boge 3 death	1	205		Micha	el (	winterssr.	6	0 10 87	10 PM
me mo	3. SE	Male	A RACE Whi	te	S. DATE C	F BIRTH  DAY  YEAR  1	6. AGE (IN YEARS LAST BIRTHD		HOURS MIN.
135		RIHPLACE ISTATE OR FOREIGN COUNTRY! Maryland	U.S		WIDOWE		BALTIMORE CITY OR CALLEGAN		MD.
290		ostburg		HOSPITAL, NURSIN		Nursing	"Mechanic"	ORKING LIFE) 17b. KIND OF IND OWN	BUSINESS OR
AND 212	Ma	Tyland 13 AT	egany	I CHESTO		13d. INSIDE CITY LINGTS?	13.1755220REWYA	ters Kve.	/21502
# # # A	14. FA	THER'S NAME	- Labour	1467		IS MOTHER'S MAIDEN NA			
MAR de la maje	10	Wressel	O.	Winte	er	Märy	WIDDLE	Graben's	tein
d co		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS		
IMORE on and c Poges	L '	res, no or unknown) [IF YES, C	SIVE WAR OR DATES!	217-10-	5056	Nora Winte	erssame a	s above	
Friend Physical Physi		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	only one couse pe SED BY: ATE CAUSE (a)	er line Pial, (b), gn	dies	spiratory	anest	APPROXIM BETWEEN ON	NATE INTERVAL NSET AND DEATH
ON S ding arite after				OF AS A CONSEQUE	NCE OF	b . 10	- 0.00	mester	
deat deat		Conditions, if any, which	(b) (b)	proper		yery dicease	re c price	meth	
TW. PR		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, (	ORASA CONSECUL	NCE OF	Pulsy			
RDS, 20	NO NO	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING	DEATH BUT	NOT RELATED TO YOU TERM	NNAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN The low-requires that the death certificate be executed within 24 hours of sending physician and completely filled in by as the bright-man physician	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob IF YES, WERE FINDING N CERTIFYING CAUSES O YES	
OF VIII.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IF	TITEM TS PART   OR PART 2)	
O SHYS	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACI	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
0 10 4 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		220.1 certify that (I) (this has			2002	16,1900	_ to Flet	O 19 1. th	nat (1) (we) last
11 P		nhow the deceased dive of	ot) view the bod	v ofter death	, or	d that in (my) (our) apinion	death occurred on the date	and haur and from the co	auses stated
AL OR A the host AL DiREC entoched rie Dept.		Cample	after	nyk	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	27 DAY S	IGNED
THE SERVICE AND A SERVICE AND		224 PHYSICIANS NAME (TIM	dinta			22e ADDRESS		1	1
D HOSP Conned to Manual be Manual be		Chang-Hyun	Oh.M.D			48 Tarn T	errace Fro	athuma MJ	21 5 2 0
51 513	23a. E	URIAL CREMATION REMOVA	L 23b. DATE	. 23c. 1		EMETERY OR CREMATORY	23d. LOCATION	0,	<del>- 11331</del>
BP		Burial	2-13	3-87 Hi	llcr	est Bur. Pa	rk Cümb.	Allegany	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		John J. Haf	er, Jr	LaVal	e, Ma	aryland 250 DAT	EB 1 8 1937	REGISTRAR'S SIGNATU	



		SCARPELLI 6 FOR VIRGINIA				E OF MARYLAND  EALTH AND MENTAL HYG	IENE	0 "	,	. ,
3 4 FEB 19 0	71-	STATE REQUIMBERLAND,			CERTIF	ICATE OF DEATH	8 REG. N		, -,	60 2
e 6 €		EASED NAME FIRST OR PRINT)		AIDDLE		AST	20. DATE OF DEATH		YEAR	26 HOUR
oy be deat		HELE		ACE	WOLF		FEBRUARY 3			10:30 A
T. T.	3. SEX		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF I	JNDER I YEAR	HOURS MIN.
oge .		female	white			7-13-1912 YEAR	74	YRS.		
death. P	cc	THPLACE ISTATE OR FOREIGN	USA	what country	MARRIE		9. BALTIMORE CITY O	COUNTY		MD.
by the fi	10. CIT	Cumberland	(IF NOT IN SUC	HOSPITAL, NURSI HFACILITY, GIVE STREE HEART HO	T ADDRESS)	DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF TET. Secre	F WORKING LIFE)	INDUSTRY	of Business or
124 hour	USUAI 13a. ST			GIVE RESIDENCE BEFOR	VN	13d. INSIDE CITY LIMITS? YES \ NO \	13e.STREET ADDRESS /	ZIP CODE	reet	/21502
mpletely orders	14. FAT	HER'S NAME FIRST Harvey	/ L. Hami	lton LAST		15. MOTHER'S MAIDEN NA.	ME Nutt		LA	ST
cott s 1 sicol		AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	SS		
9	116	no no di di la	GIVE WAR ON DATES)	214-07-	5406	Miss Pamela	K. Wolford,	Cumber		MD-daught
The low requires that the death cion.  e has been signed by the attentist permit. Then please remove as giene prior to burial, cremation, a hows pay injury, or other traumat	TIFICATION	90 DATE OF OPERATION	DUE TO, OF	TION FOR WHICI	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?  YES NO	DITION GIVEN  206. IF YES, V IN CERTIFYIN YES [	VERE FINDI	
SICIAN: TI ag physicia certificate rial-transit ental Hygis frem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
IG PHYSIC attending fer this cer s the buric and Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE		FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
TO HOSPITAL OR ATTENDIN retoined by the hospital or TO FUNERAL DIRECTOR: Af should be detached for use o with the State Dept. of Health IMPORTANT: If them 21 is ma		22a. I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did) (22b. SIGNATURE	on 2 - 1/ not) view the body		, _	nd that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN 122e ADDRESS 909-B SETON	MEDICAL STA	FF	22c. DATE 2 - (	SIGNED
shoul with		JRIAL, CREMATION, REMOV		23ς.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	5	PECIFY)	00 1/				CITY OR TOWN		OUNTY	STATE
BP		Burial	02-14	-198/ IS	t. Mai	rys Cemetery	Cumberla	ind All	egany	/ MD

